

WHEN

BIRTH CONTROL FAILS

HOW TO ABORT OURSELVES SAFELY

By
SUZANN GAGE

ILLUSTRATIONS BY SUZANN GAGE

Edited by:

Suzann Gage
Lorraine Rothman
Sandra Sullaway

Layout & Typesetting:

Rebecca Chalker
Suzann Gage
Marcia Kerwit
Sandra Sullaway

SPECULUM PRESS/ SELF-HEALTH CIRCLE, INC.

Reprinted for Philadelphia area women by the United Copier Liberation Front.
No profit is to be made from the sale of this information.

ACKNOWLEDGEMENTS

We want to acknowledge Carol Downer for her inspiration, guidance and consultation in the creation of this book, and for her leadership as an activist and founder of the Self-Help Movement. We also want to acknowledge and thank the Federation of Feminist Women's Health Centers for their ongoing support of the writing and publishing of this book.

This book is to be shared only by women, for women, to further women's control of our own bodies. It is to be shared fully with women who express an interest or need and should not be used to further mystify health care.

Additionally,

1. The manuscript and illustrations shall not be used in any abridged form.
2. No parts shall be quoted or used without permission of the publisher.
3. None of it may be translated without the publisher's approval of the translated version.
4. This book shall not be reprinted in any part or in the whole without the publisher's permission, except in small quantity by women concerned with furthering the stated goals of the book.

COPIES OF THIS BOOK CAN BE ORDERED DIRECTLY FROM THE PUBLISHER

© 1979 by SPECULUM PRESS/Self-Health Circle, Inc.
1043 University Ave., #169
San Diego, CA 92103

DEDICATION

This book is dedicated to the millions of women healers who, throughout history, whatever they have been called, self-helpers, witches, midwives, nurses or health workers, have researched, practiced and passed down information on birthing, contraception and abortion from woman to woman, so that all women can have control over their reproductive lives.

TABLE OF CONTENTS

Self-Abortion	1
Choosing an Abortion Method	1
Precautions to Take Before an Abortion	1
Getting a Doctor to do Your Abortion	2
Possible Signs of Pregnancy	3
The Female Reproductive System	4
Vaginal Self-Examination with a Speculum	7
Pelvic Examination	11
Sterilizing	14
Supplies	15
Suction Abortion Equipment	17
Del-Em Parts	18
Aspiration or Suction Abortion	21
Laminaria Abortion	28
Self Digital Abortion	31
Direct Irritation Abortion	37
Intrauterine Lavage (Wash) or Self Saline Abortion	37
IUD Removal Abortions	37
Vitamin C as an Abortifacient	40
Herbal Abortions	41
What to do After an Abortion	45
Possible Complications Arising from an Abortion	46
Remember	49
Speculum Order Blank	49
Questionnaire	51
Suggested Reading List	53
List of Abortion Clinics and Women's Health Projects	54

INTRODUCTION TO SELF ABORTION

NO abortion is fail proof. There are no guarantees that any abortion method done by any person, including doctors, will completely abort a pregnancy, abort a pregnancy at all, or be completely safe.

Most legal abortions are done under the best conditions possible: using sterile instruments, abortion methods that have been proven to be safe, non-traumatic and effective, and trained abortionists who in the United States are mostly physicians and a few paraprofessionals. Because of this, most legal abortions have a very low complication rate, especially in early pregnancy. Obviously a laywoman is at a disadvantage, partly because of her limited access to the proper tools and partly because of her lack of experience. Self-abortion, therefore, carries a significantly higher risk of complication, such as an incomplete abortion which is one of the most common complications.

The purpose of this book is to give women as much information as possible about self-abortion: different self-abortion techniques, safety precautions and equipment, so that if and when a woman chooses to do a self-abortion, she can do so under the safest conditions possible. Self-abortion is NOT a substitute for legal abortion which is usually (although not always) safer and more accessible to women. It is true that many women have died from illegal abortions. Usually this was because the instruments used were not sterile and caused an infection, the abortionists were not gentle and used traumatic sharp instruments that greatly injured the women, the women drank large quantities of a poisonous substance to try to abort, or the abortion was incomplete resulting in infection and hemorrhage. It is also true that a few women have died from legal abortions, usually from

a reaction to the anesthetic drugs that were used during the abortion.

The abortions described here are methods that have been developed and shared mainly between women and have proven to be for the most part successful and safe when practiced with as many precautions as possible. Medical back-up is always wise. Sometimes abortions DO NOT work or do not completely abort a pregnancy. Doctors, nurses and other trained medical personnel have knowledge, skills and access to technology that can treat most any complication that could arise. We have attempted to describe each abortion method here so that women can do them on themselves or with the assistance of other women or friends.

This book is especially timely for poor women in the United States who can no longer get an abortion because of the Hyde Amendment. In 1973 the U.S. Supreme Court ruled that abortion was a woman's right through the second trimester (24 weeks of pregnancy). The Hyde Amendment cut off the use of federal funds (Medicaid) for abortions thus depriving poor women of a constitutional right. For these women and for many other women in parts of the world where abortion is illegal or inaccessible, self-abortion may be the only means a woman has to obtain an abortion.

This manual was written to assist any woman who chooses, for whatever reason, to self-abort. It is our hope that this book will provide the tools for a woman to have the safest and most effective self-abortion possible. It is also our hope that this book will become a permanent record of abortion methods that have been used by and passed down from woman to woman for centuries.

CHOOSING AN ABORTION METHOD

Many women's choices of self abortion methods are limited by the number of weeks they are pregnant and the tools that are available to them. A vitamin C abortion will probably not work for a woman who is beyond six weeks of pregnancy (from her last normal menstrual period). If a woman has access to no other tools except her fingers and a disinfectant, she will probably try a self-digital abortion. Each abortion method, therefore, must be evaluated for each woman individually, depending on the number of weeks she is pregnant and the tools she has to work with.

PRECAUTIONS TO TAKE BEFORE AN ABORTION

1. It is safest to do an abortion as early in a pregnancy as possible. There is less chance of perforating the uterus with any instruments that may be used. There is also usually less chance of infection because the cervix does not need to be opened greatly, if at all, to remove the pregnancy. This means less chance of bacteria getting up into the uterus after the abortion. A suction abortion using aspiration is one of the safest and most effective early abortion methods.
2. If any tools are used to do the abortion it is best if they can be made sterile to avoid getting germs in the uterus that will cause an infection. If at all possible, anything that enters the uterus should be sterile.
3. Any tools that are put into the uterus should be as flexible as possible and should not have sharp points. This reduces the risk of poking a hole in the uterus.
4. Get to know your cervix and uterus as well as possible with a speculum and/or your fingers. Direct knowledge of your body is very important. This will help you to do the abortion as safely as possible and with a greater chance of success.

5. Carefully consider your medical history. Have you had any surgery that has greatly damaged or weakened the walls of your uterus? In this case, you may want to try a method that does not require inserting anything directly into the uterus. Are you allergic to any drugs? Locating necessary drugs that you are not allergic to is best done before the abortion is attempted. How have past abortions/births been? Were there any problems with these that you should anticipate possibly happening with an abortion now? Are you a bleeder (hemophiliac)? This condition, unless serious, need not prevent a woman from attempting an abortion as long as she has the necessary drugs on hand to prevent excessive bleeding. Diabetic women should be aware that there is often more tissue in the uterus than they would expect for the number of weeks they are pregnant. What is your general state of health? Try to be in as good health as possible before attempting the abortion.

6. Most women try to prepare for the unexpected as much as possible. Beforehand, many women have tried to get drugs like antibiotics for infection and ergotrate or methergine to contract the uterus back to its normal size and to stop excessive bleeding. Some women have tried to find physicians, nurses or midwives to help them if an emergency arises. Also many women have had a story ready so that if they finally had to go to a hospital, they would not get arrested for purposefully aborting. Know the laws governing abortion in your county, province or state. **IMPORTANT:** no doctor can know that you tried to do an abortion on yourself unless you tell them. Not every woman has gotten drugs or a doctor, but then a woman does not necessarily have to have drugs or a doctor to do an abortion. If they are available, however, it is good to have access to them in case something goes wrong.

Not every woman can take every precaution before doing her abortion and certainly it has not prevented women from attempting and having successful abortions. It is wise that we take advantage of every safety precaution that

we have available to us. Women have died from hemorrhaging and infection as a result of incomplete abortions, hemorrhaging from uterine perforations and uterine infections from non-sterile abortions and no access to antibiotics to treat the infection. Oftentimes this happens when we are forced to get our abortions from people who lack skills, equipment and common sense. We can prevent many of these things from happening by using common sense, by having knowledge of our bodies and of the equipment necessary and of sterilizing practices.

7. Women work with all kinds of things that can be used in abortions: Q-tips, tongs, bicycle pumps, etc. Tubing is used for fish tanks too. Hardware stores carry an array of items that could be converted to do abortions. Most nurses and midwives are women. They have access to all kinds of tools and have many valuable skills. Some women have prepared stories so that they would appear to be getting equipment for a different purpose.

COMPARING THE RISKS OF DIFFERENT ABORTION METHODS

Statistics on self-abortion for the most part do not exist because women practicing self-abortion have not wanted to put themselves in legal jeopardy. Most of this information has been passed by word of mouth.

Early suction abortion has been statistically shown by medical authorities to be the safest method of abortion. If an early suction abortion is incomplete it can usually be completed by simply doing it again.

The statistical effectiveness of self-digital, laminaria, direct irritation or self-saline abortion is not known, although later abortion always carries more risk than early abortion. The repeated insertion of anything into the uterus without attempting to sterilize or disinfect it increases the risk of bacteria getting into the uterus which could create an infection. In addition, with self-saline abortion there is the risk of getting air into the uterus which could be

fatal. Women have reported that if at first the methods don't appear to be working, persistence will often result in an abortion.

IUD removals may or may not abort a pregnancy. Obviously you cannot repeat this method if it doesn't work because once the IUD is removed, it's removed. An additional method might need to be used to abort or to finish an already started abortion. For example, in an early pregnancy an IUD removal might be followed with a suction abortion.

Women have reported that Vitamin C and herbal abortions are most effective very early in pregnancy—even before the missed period. However, taking too much Vitamin C or certain herbs can be harmful.

GETTING A DOCTOR TO DO YOUR ABORTION

Many women have convinced doctors to do abortions for them by making them believe that they were having a miscarriage. This can be done, for example, by putting the blood and a bit of smashed tissue from calves liver in your vagina to fake a miscarriage. This sort of thing requires a good consistent story and a convincing act. Women who are miscarrying will often have very strong uterine cramps and pains that come and go in waves, a great deal of bleeding, low blood pressure and a slow pulse. They will also feel faint and look pale. Talk to women who have had miscarriages to find out how they felt and what happened to them at the emergency room of their hospital. Some doctors do uterine aspirations or D & C (dilation and curettage or scraping out the uterus) with no questions asked. Others will make you talk to the police before they abort you. It depends on the doctor's views on abortion, the laws and the risks he takes legally in aborting you. Because abortion is currently legal in the United States, women don't need to manipulate a physician to do an abortion. However, a woman might have to if she lives in a community where all the physicians are against abortion.

Missed period, swelling and soreness of the breasts, nausea and sometimes vomiting, frequent urination, cramps in the area of the uterus, dizziness, water retention or an overall bloated feeling, increase in whitish secretions, sensitivity to certain strong smells, gain or loss of appetite, a "funny" taste in the mouth, darkening of the color of the cervix from a pinkish to purplish or bluish color as seen through a speculum, softening and enlargement of the cervix and a more open appearance to the os as seen through a speculum, feeling more tired or sluggish or continually sleepy, softening and enlargement of the uterus as felt through a pelvic examination. Additionally, some women have found that when they are not pregnant their cervix feels as firm as their nose and that when they are pregnant it feels as soft as their lips or chin. Any, all or none of these things can occur during a pregnancy. NOTE: some people say that sperm can live as long as 5 days

in a woman's body and an egg can only live a few hours unless it has united with the sperm thus resulting in pregnancy.

The following is an example of a woman's menstrual cycle involving conception (dates approximate). Not all women, however, follow this pattern of ovulation. If you think that you became pregnant at some other time, count the number of weeks from that date, add 2 weeks and this will give you the number of weeks from your theoretical last normal menstrual period (LNMP). For example, if a woman's last normal period began 8 weeks ago, but she believes that she got pregnant only 5 weeks ago, she would add 2 weeks to the 5 weeks and approximate her pregnancy at 7 weeks LNMP.

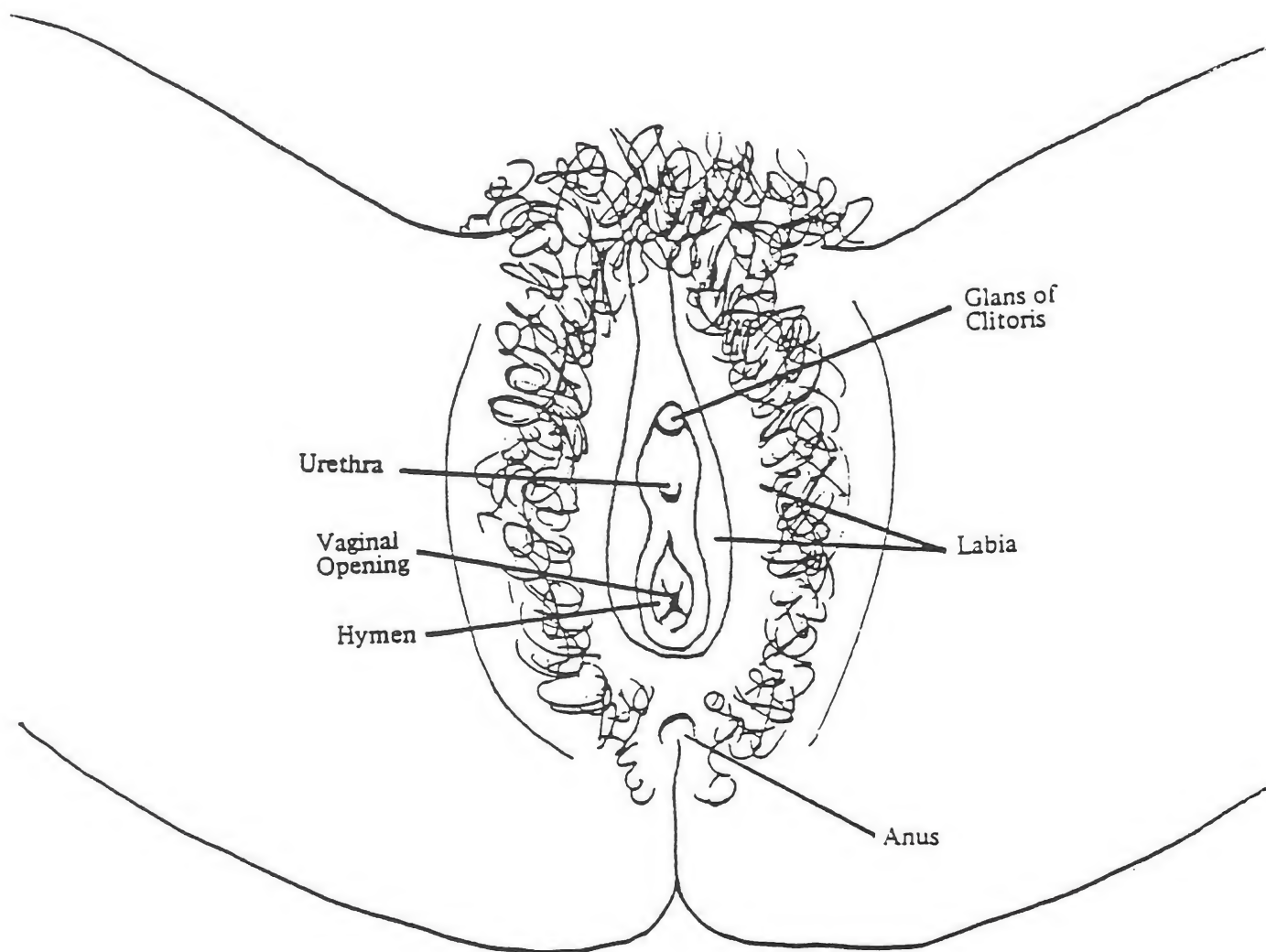
The number of weeks from a woman's last normal menstrual period is the measure used in this book to help a woman decide which is the best method of abortion for her to use.

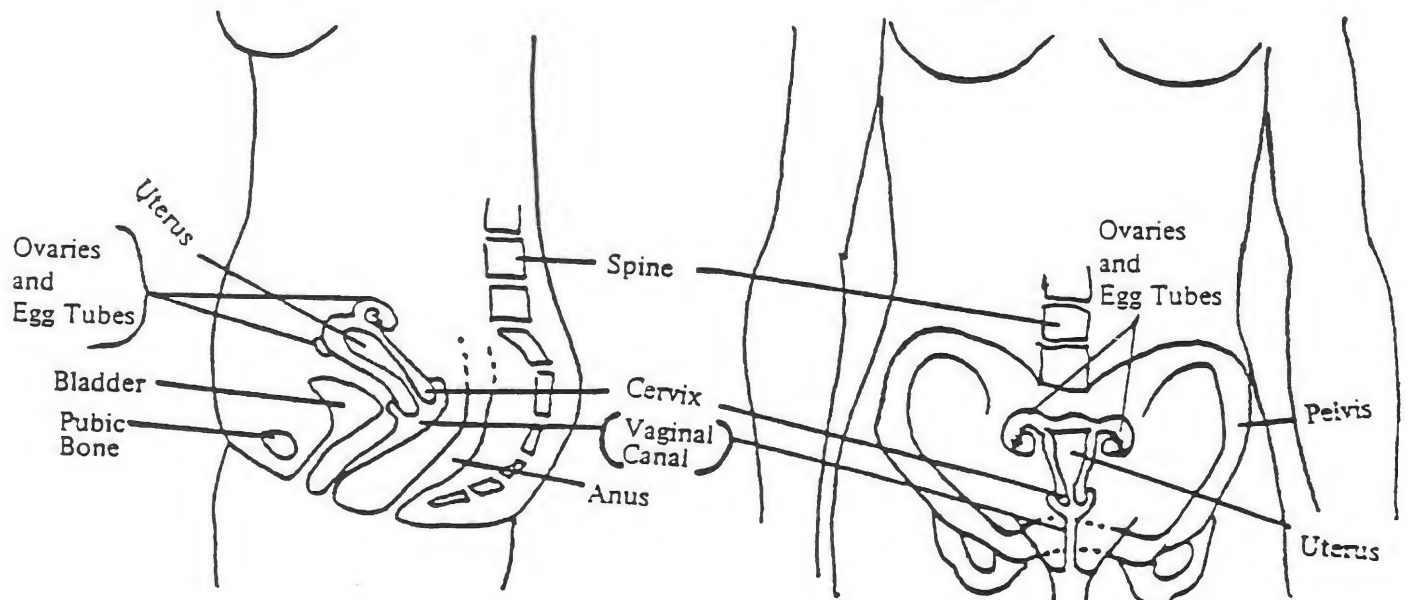
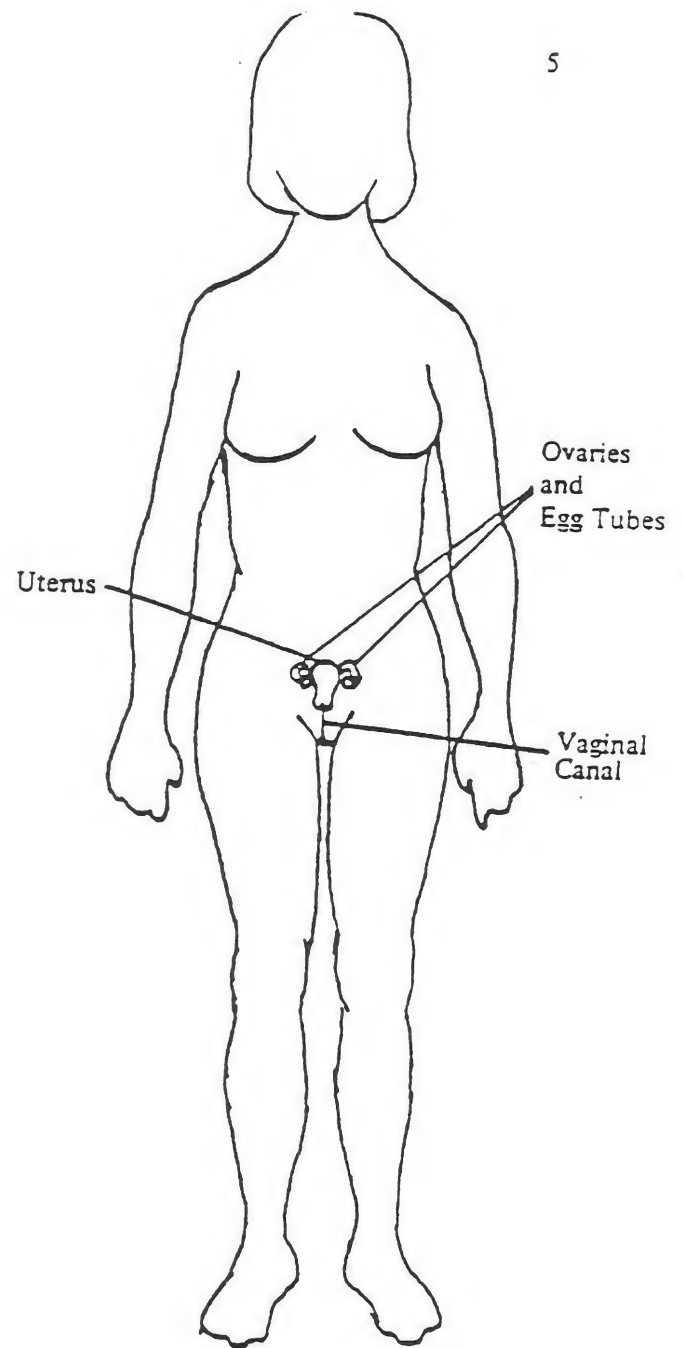
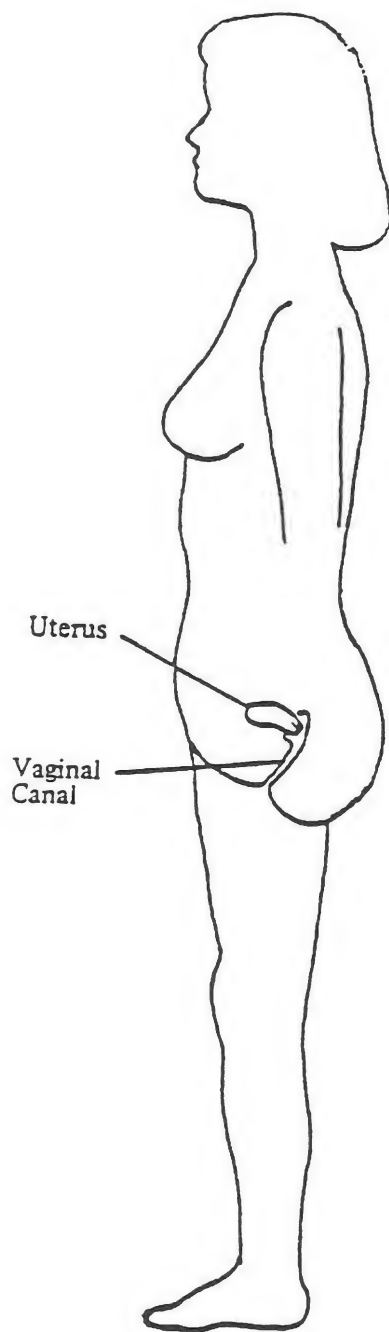
FEBRUARY						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1. First day of last normal menstrual period or LNMP.	2	3	4	5	6	7
8	9	10	11 Intercourse on these days could result in conception (pregnancy) on the day of ovulation.	12	13	14. Ovulation occurs here. The woman becomes pregnant.
15	16	17	18	19	20	
22	23	24	25	26	27	28
MARCH 1. First missed period.	2	3	4	5	6	7. 5 weeks pregnant from LNMP.
8	9	10	11	12	13	14. 6 weeks pregnant from LNMP.
15	16	17	18	19	20	21. 7 weeks pregnant from LNMP.
22	23	24	25	26	27	28. 8 weeks pregnant from LNMP (etc.)

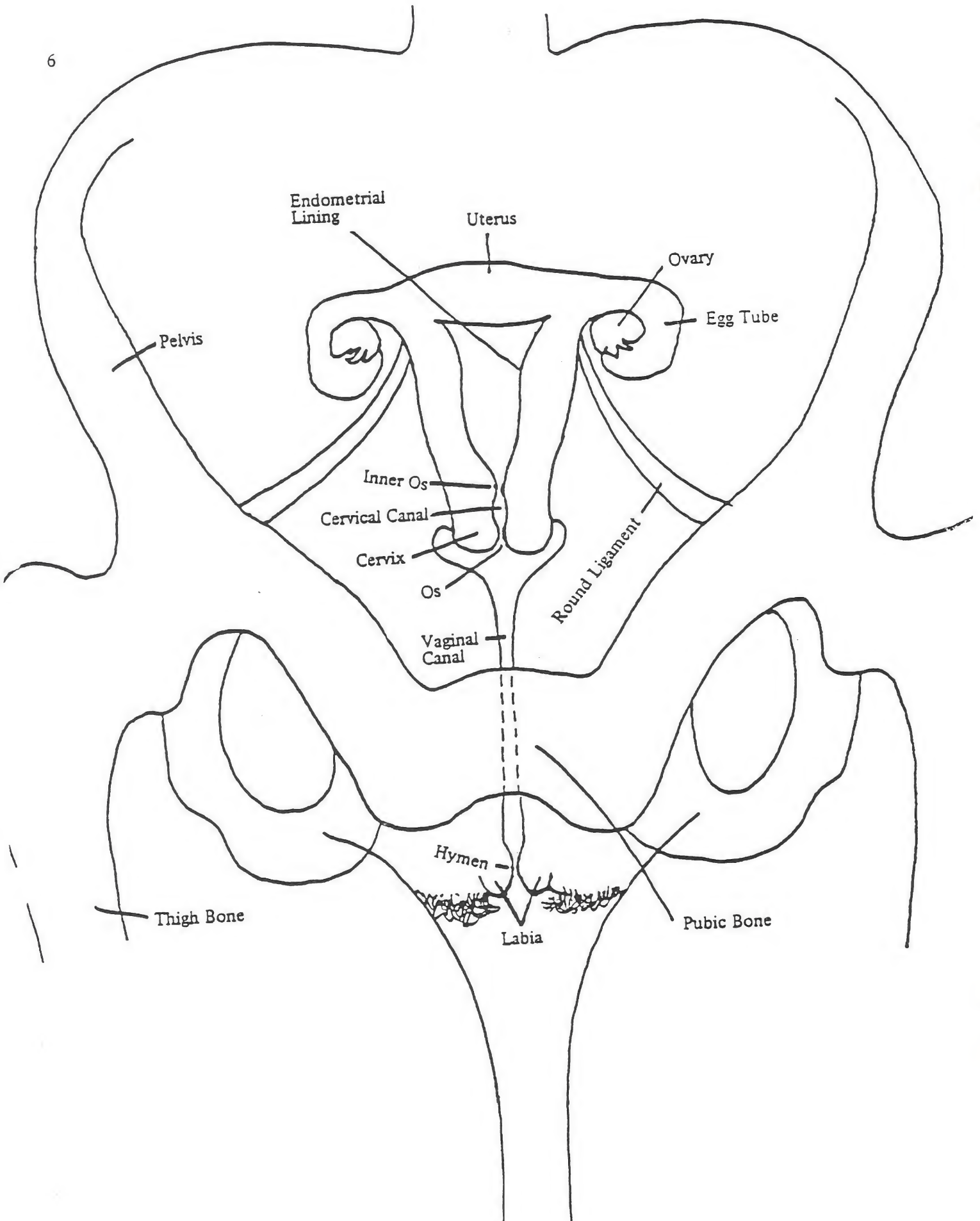
THE FEMALE REPRODUCTIVE SYSTEM

The vagina is a canal that leads to the cervix. The cervix is the neck of the uterus which can be seen at the back of the vagina with a speculum (see page 7). The vaginal opening is between the urethra and the anus. There is a collar of skin circling the opening of the vagina which covers and protects the vaginal canal. This is called the hymen. The hymen is open to a greater or lesser degree, depending upon

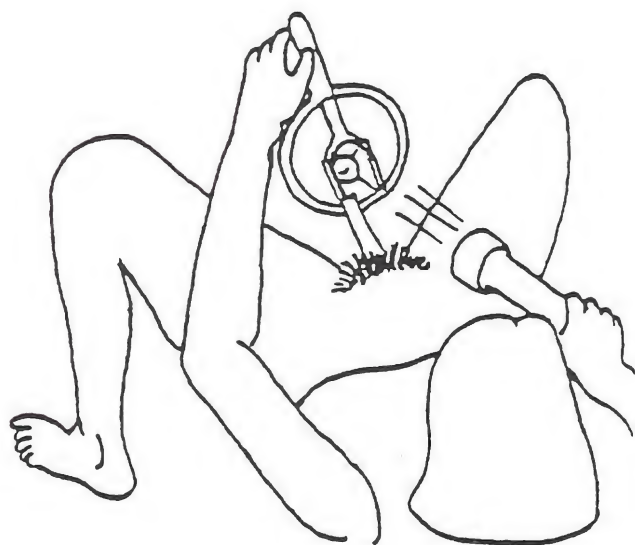
how a woman is built. The menstrual period passes out of the opening. The hymen will stretch to allow the insertion of a finger, a tampon, a speculum, a penis and so on. The insertion of any of these things may be uncomfortable for a woman, depending upon the stretchiness of her hymen or the circumstances. The larger soft folds of skin surrounding the vagina, the urethra and the clitoris are the labia.







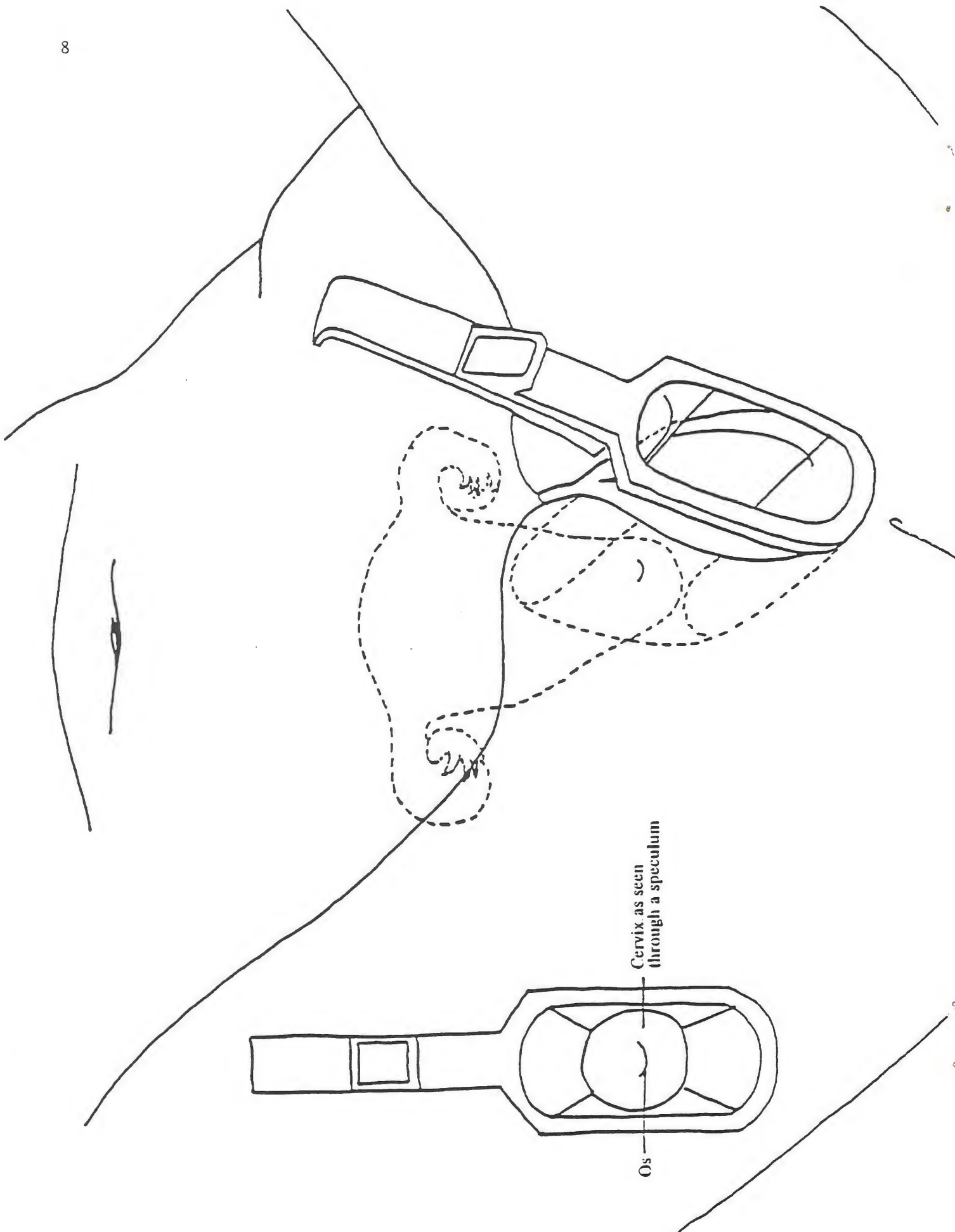
VAGINAL SELF-EXAMINATION WITH A SPECULUM



The cervix and vagina can be viewed with the use of a plastic vaginal speculum. Speculums come in different sizes: narrow, medium and long. Most women can use a medium speculum comfortably. Some women prefer or need to use a narrow or long size. It is helpful to recline on a firm bed or table with your back propped up and knees bent, feet on the bed or table. You insert the speculum, with the bills closed, into your vaginal canal like you would insert your fingers or a tampon. You may want to lubricate the speculum with water. You insert the bills at an angle that is comfortable for you. For many women this is towards the backbone. The handles may be up or to either side.

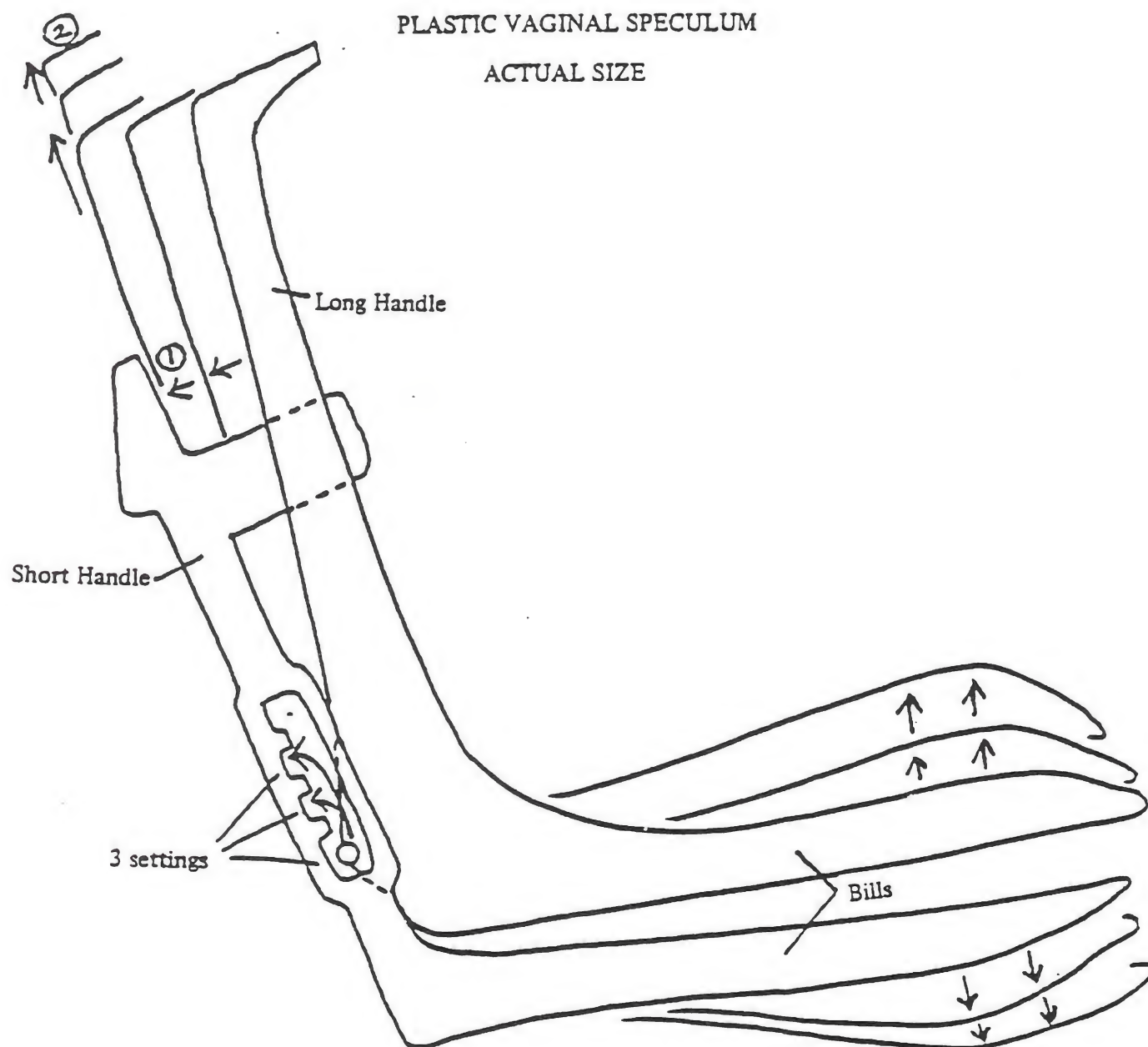
When the speculum has been inserted as far as is comfortable, up to the pubic bone, the two handles are squeezed completely together and slid against each other. The long handle slides up and the short handle slides down. The speculum will make a snapping sound indicating that it has locked the bills, in the vagina, open. You can adjust the speculum to three positions. Your cervix will be somewhere at the back of the speculum at the end of the vaginal canal. It is very common and normal for some women to have their cervix (and uterus) tipped at an angle in their vaginal canal. The cervix (and uterus) can also move and change positions. Because of this, some women have trouble finding the cervix for the first time. Many women find it helpful to insert a finger into the vagina to feel for the position of the cervix and then reinsert their speculum at that angle. Also, sometimes another woman can be helpful in helping you to find your cervix. It may take patience, but every woman *can* find her cervix.

When the speculum is in place you can look at your cervix with the help of a mirror and a strong light. The speculum can be washed in soap and water and stored in a clean place ready for use again by the same woman. If other women want to share the same speculum, it should be soaked in a cold liquid disinfectant like Zephiran for 20 minutes (see page 14).



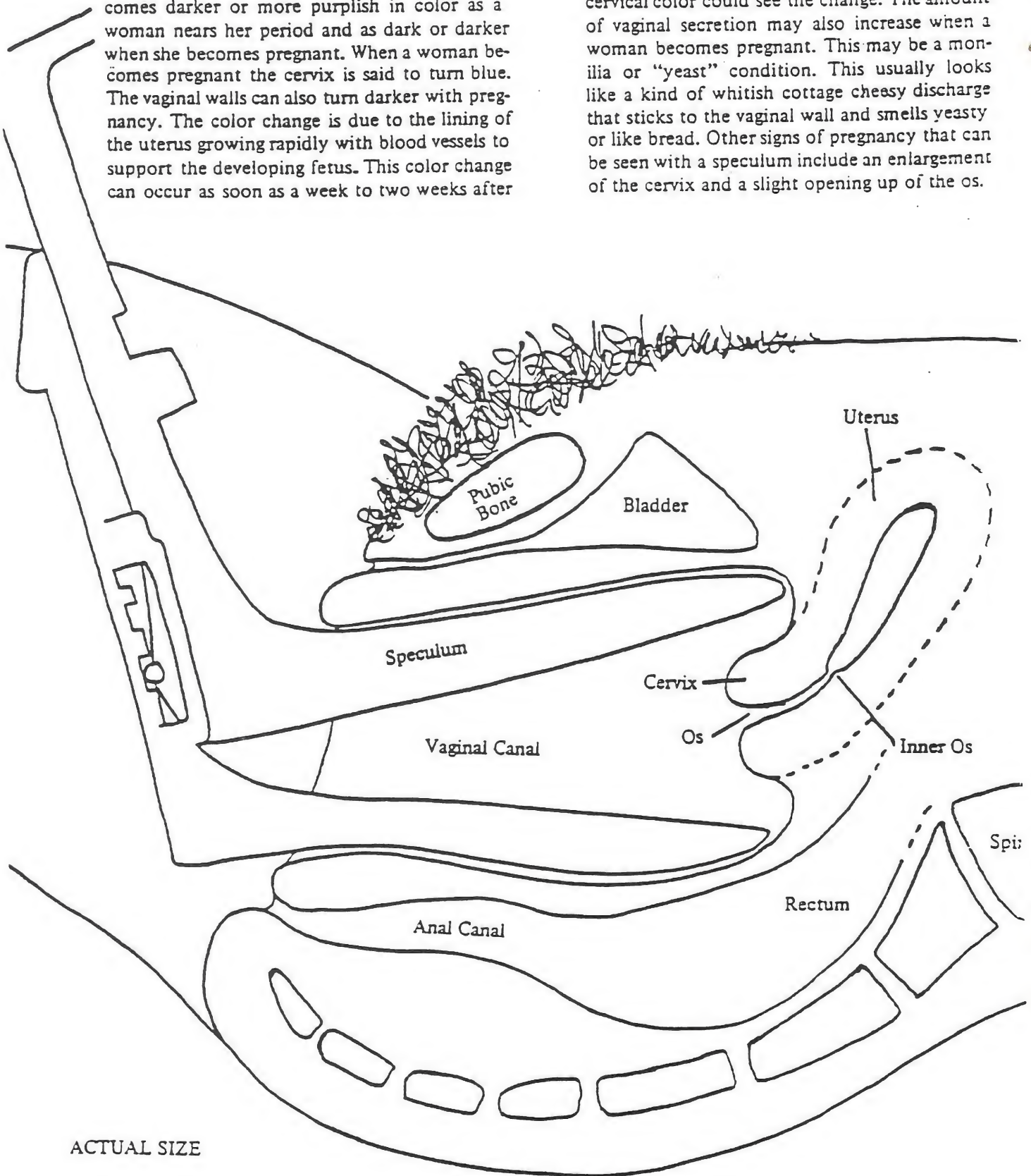
The uterus is a muscular organ that rests in the abdomen (behind or on top of the bladder). It is shaped like an upside-down pear. The small end is called the cervix. The cervix is the only part of the uterus that is exposed in the vaginal canal. It usually can be felt with a finger in the back of the vaginal canal. It feels like a firm protruding knob of flesh, as firm as your nose, with a dimple or hole in the center – like an over-raised doughnut. The menstrual period comes from the walls of the uterus and runs out of the os into the vaginal canal and then out of the body. At the far end of the cervical canal, just

at the entrance to the uterus, is a circular shaped muscle called the inner os. The inner os is usually tightly closed but will dilate itself naturally to about 4 millimeters (slightly smaller than the diameter of a pencil) during the menstrual period to allow the blood to pass through more easily. The uterus is flanked at the top by a pair of egg tubes and ovaries. The uterus is a mobile organ. It can move around inside the abdomen. The cervix is anchored in the end of the vaginal canal and the uterus is attached by several sets of ligaments to the pelvis.



The cervix may go through color changes during the menstrual cycle. Often the cervix becomes darker or more purplish in color as a woman nears her period and as dark or darker when she becomes pregnant. When a woman becomes pregnant the cervix is said to turn blue. The vaginal walls can also turn darker with pregnancy. The color change is due to the lining of the uterus growing rapidly with blood vessels to support the developing fetus. This color change can occur as soon as a week to two weeks after

conception, although the change may be so slight that only a woman very familiar with her cervical color could see the change. The amount of vaginal secretion may also increase when a woman becomes pregnant. This may be a monilia or "yeast" condition. This usually looks like a kind of whitish cottage cheesy discharge that sticks to the vaginal wall and smells yeasty or like bread. Other signs of pregnancy that can be seen with a speculum include an enlargement of the cervix and a slight opening up of the os.



PELVIC EXAMINATION

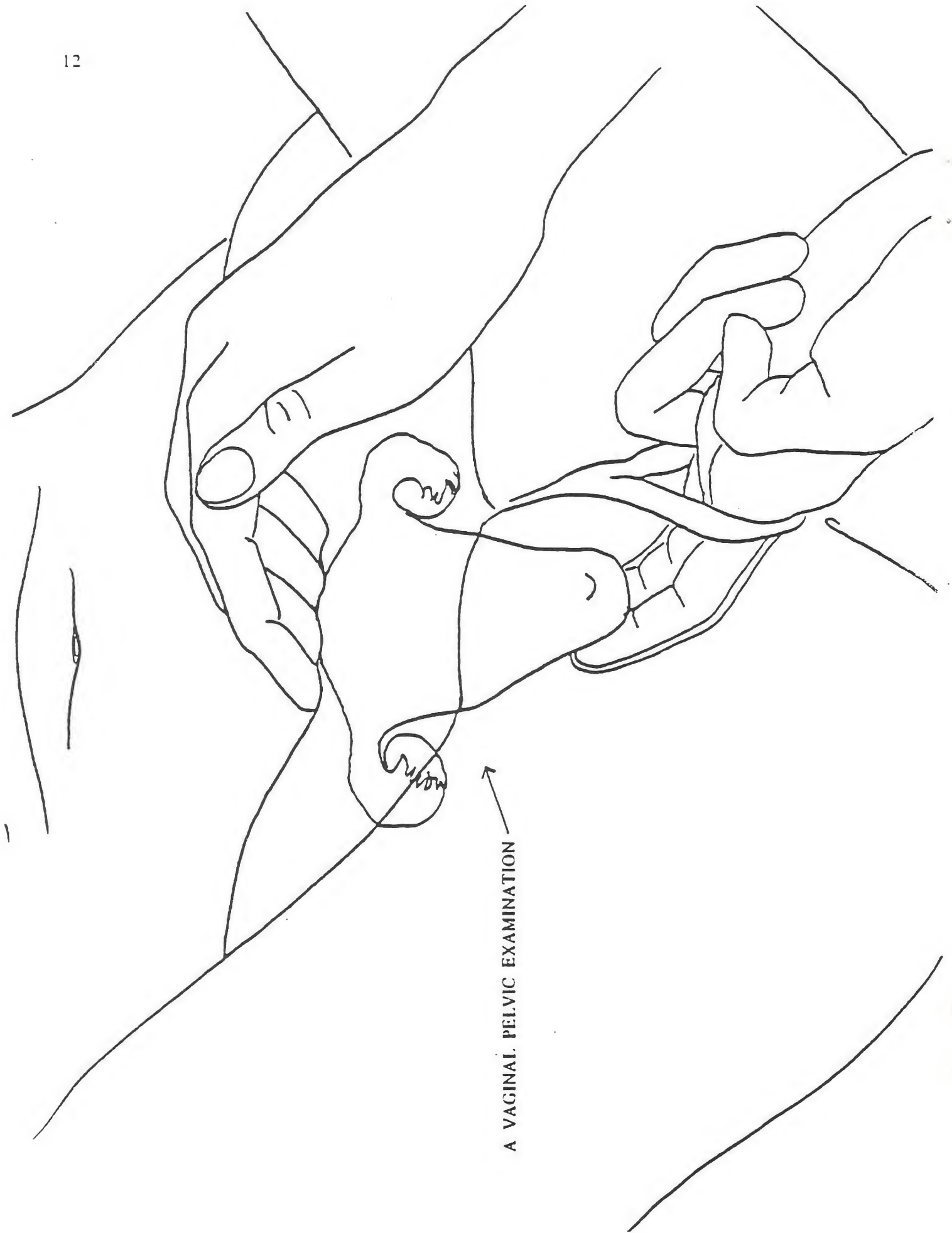
A pelvic examination is a method of examining the uterus, ovaries and egg tubes. It is fairly difficult to do a pelvic exam on oneself. A woman doing a pelvic examination for another woman inserts two fingers, well washed or covered with a clean exam glove or plastic bag, one at a time into the woman's vaginal canal while separating the labia with the other hand. She puts these two fingers under the woman's cervix and pushes up repeatedly and gently. The other hand is placed firmly on the woman's abdomen, in the area where the pubic hair begins, to feel for the resulting movement of the uterus. Pushing the cervix will in turn move the uterus as the cervix is a part of the uterus. The uterus will feel like a soft round object under a thick blanket. It is about the size of a very small fist, a plum or an unshelled walnut for a woman who is not pregnant or very early in her pregnancy. The ease with which a uterus can be felt depends on the experience of the woman doing the pelvic exam and the position of the woman's uterus having the pelvic exam. Some women find the pelvic exam is uncomfortable but it should not be painful. It is very important that the woman having the pelvic examination let the examiner know if it causes any discomfort so she can avoid hurting the woman. In the case of the woman experiencing severe pain, it could mean something is wrong, like a uterine infection or a pregnancy growing in the egg tubes (called an ectopic or tubal pregnancy). nancy).

The uterus and cervix are sometimes tipped in the body. If the uterus is tipped down to-

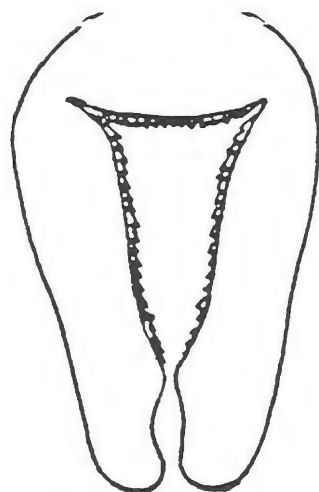
ward the spine, it can be difficult to feel. Sometimes the examiner just has a more difficult time of feeling the uterus for a variety of other reasons, and it is very important to accurately feel the amount of enlargement of a pregnancy. In situations like this the uterus can sometimes be felt more easily by doing a rectal examination. This is done by inserting a gloved finger into the woman's anus in addition to the finger in the vagina. While continuing to push on the abdomen, the uterus is felt through the rectum.

The ovaries and egg tubes often cannot be felt, primarily because of their size (the ovaries are about the size of an almond or grape). The ovaries can sometimes be felt by pushing the fingers on the outside of the abdomen and inside the vagina as close together as possible beside the uterus. That is, the fingers inside the vagina should be to one side of the cervix. It is in this area that an ectopic pregnancy in the fallopian tubes could be felt. NOTE: an ectopic pregnancy can only be removed surgically.

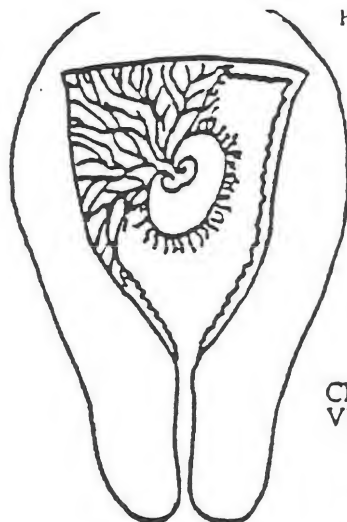
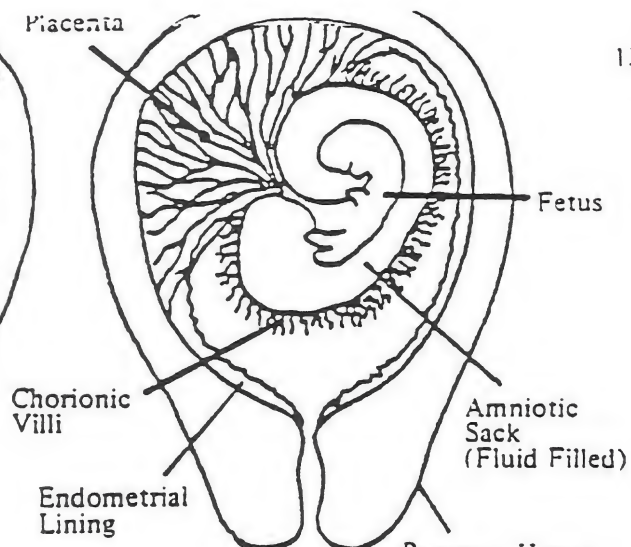
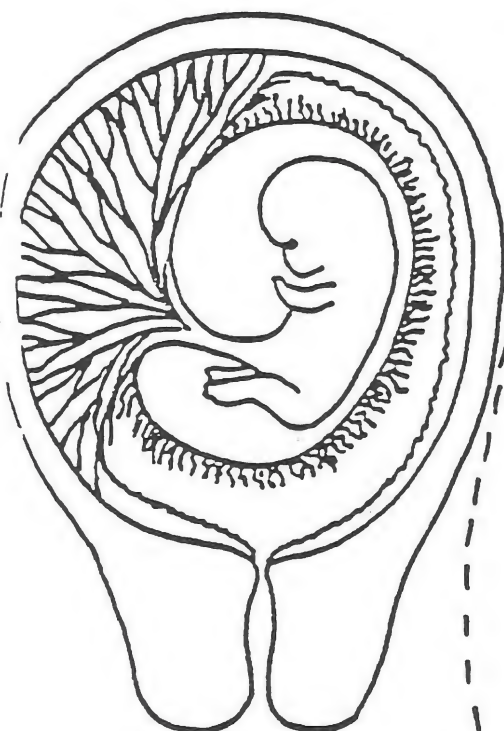
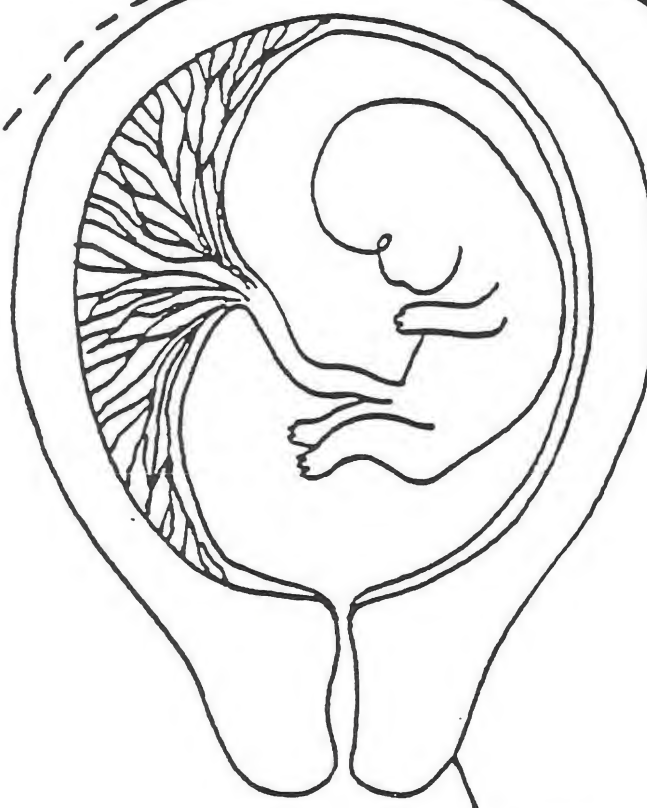
The uterus will become softer and larger in size as a woman progresses in a pregnancy. The number of weeks that a woman is pregnant can be guessed at by feeling the size of the uterus. (See chart on page 13). It is important to know whether or not a woman has previously had children in trying to determine the size of her uterus in pregnancy; sometimes if a woman has had babies she will have a uterus slightly larger than the uterus of a woman who has never been pregnant.



A VAGINAL PELVIC EXAMINATION



Non-Pregnant Uterus

Pregnant Uterus
6 Weeks LNMPPregnant Uterus
8 Weeks LNMPPregnant Uterus
10 Weeks LNMPPregnant Uterus
12 Weeks LNMP

NOTE: The number of weeks shown here are from the last normal menstrual period or LNMP, *not* from conception. The uteruses shown here are all *actual size*.

Pregnant Uterus
18 weeks LNMP

All metal and rubber instruments can be sterilized by boiling or steaming for 15 to 20 minutes. The water can be poured off and the instruments can be stored in the same container until they are needed. However, it is best to use the instruments as soon after sterilizing as possible. It is better to use a container that has a tight fitting cover so that the instruments will remain covered and sterile until use. Gauze, cotton and Q-tips can usually be purchased sterile wrapped. Otherwise, they can be sterilized in a container with a tight cover in a very hot oven for 15 to 20 minutes. Plastic instruments, including speculums, can be disinfected by soaking them in a cold liquid disinfecting solution like Zephiran (benzalkonium chloride). Zephiran can be bought in most drug stores in the concentration of 1:750, which is the proper solution to disinfect plastic instruments. Occasionally a very concentrated Zephiran can be bought. This concentrated Zephiran will be marked 17%. Three ounces (85 grams) of Zephiran concentrate 17% should be diluted with one gallon (3½ liters) of water to make the proper solution (1:750). If the cannulas and speculums are not already sterilized, they should be soaked for 20 minutes before using. CAUTION: soaking cannulas too long will make them brittle and they should be carefully checked between each use for cracks or breaks.

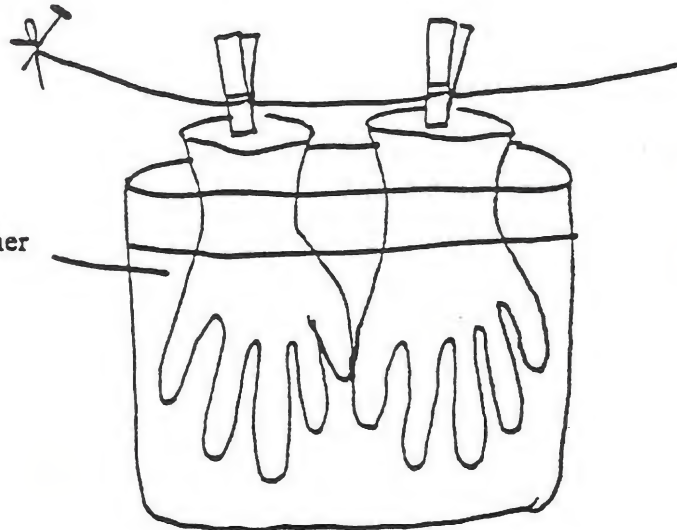
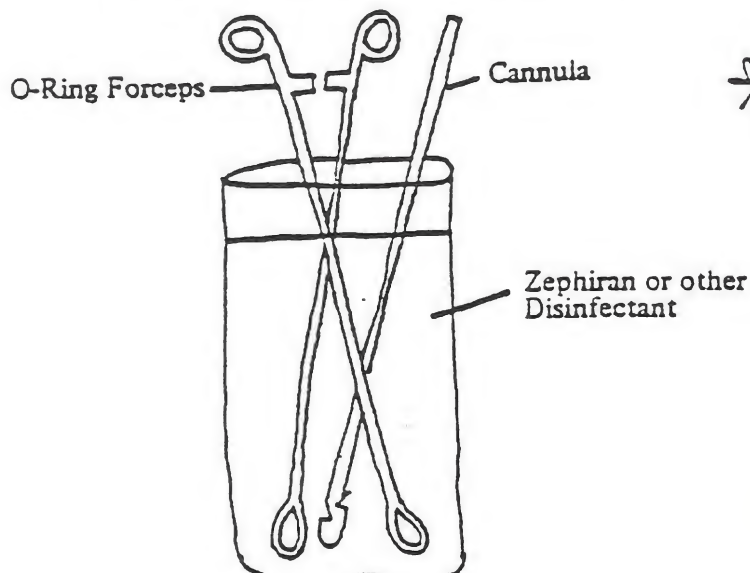
Some women like to wash out the vagina with Zephiran before an abortion. They will take a cup or small bowl of 1:750 and add the same quantity of water to the solution making it weaker and more gentle for the vagina. Always read the directions on the disinfectant bottles. If a disinfectant solution that is supposed to be diluted is not, it can burn the skin. During an abortion, metal instruments can be

stored in their sterile containers or in a narrow cup, jar or bowl with Zephiran solution; the handles should be up.

Unsterilized cannulas can also be disinfected in this way, with the open end of the cannula sticking out of the Zephiran. Care must be taken to remove cannulas from the jar with the rounded tip down so that the Zephiran will not run back up to the unsterilized open end of the cannula and onto your hand and then back to the disinfected round tip. It is not harmful for Zephiran to be on the cannula when it is inserted into the uterus.

Cannulas can be disinfected in a pan by covering them completely with Zephiran for 20 minutes. They can be removed with a sterile O-Ring forcep and handled with sterile gloves. The disadvantage is that the cannula is slippery. It is always preferable to use a sterile, dry cannula from its own sterile packet. A re-used disinfected cannula is not sterile and can only be re-sterilized with a special gas process.* Boiling plastic cannulas will melt them. Instruments should not be sterilized or disinfected until immediately before use to insure their sterility. If a need arises for a sterile cloth of any kind, a clean towel can be ironed with a very hot iron. Make-up gloves or hair dyeing gloves can be used as exam and work gloves. They can be disinfected by hanging the gloves in the disinfectant solution, making sure that the open ends are out of the disinfectant so that the insides of the gloves do not get wet.

**Sterilization is a process which destroys all disease producing or infectious organisms, i.e. germs. Disinfection is a process which destroys most but not all disease producing or infectious organisms.*



SUPPLIES

Sterile and unsterile disposable supplies can be purchased at medical supply stores and at many drugstores. These include:

1. GAUZE to cleanse the vagina or to hold laminaria in the cervix.
2. COTTON BALLS to cleanse the vagina or to hold laminaria in the cervix.
3. Q-TIPS for "direct irritation and dilation" abortion.
4. CLEAN EXAM GLOVES for pelvic exams (not sterile)
5. STERILE GLOVES for handling sterile and disinfected instruments.
6. NAPKINS or PADS for after the abortion.

NOTE: "cotton" balls today are usually made of rayon which is OK to use with Zephiran. Cotton deactivates Zephiran and should not be used with it.

Liquid disinfectants can be purchased at medical supply stores or drug stores, such as:

1. ZEPHIRAN 17% concentrate or 1:750 solution.
2. IODINE
3. LYSOL
4. MERTHIOLATE
5. BETADINE
6. SEPTISOLE (available in the U.S. by prescription only.)
7. TINCTURE OF GREEN SOAP

NOTE: Other disinfectants such as alcohol, peroxide or bleach can be used, but they are not as effective.

IMPORTANT!!! Some disinfectants must be diluted before they touch skin or they will burn. Always read labels for directions.

Instruments can be very expensive and are usually purchased at medical supply stores and sometimes drugstores. Sometimes substitutes can be used. For example:

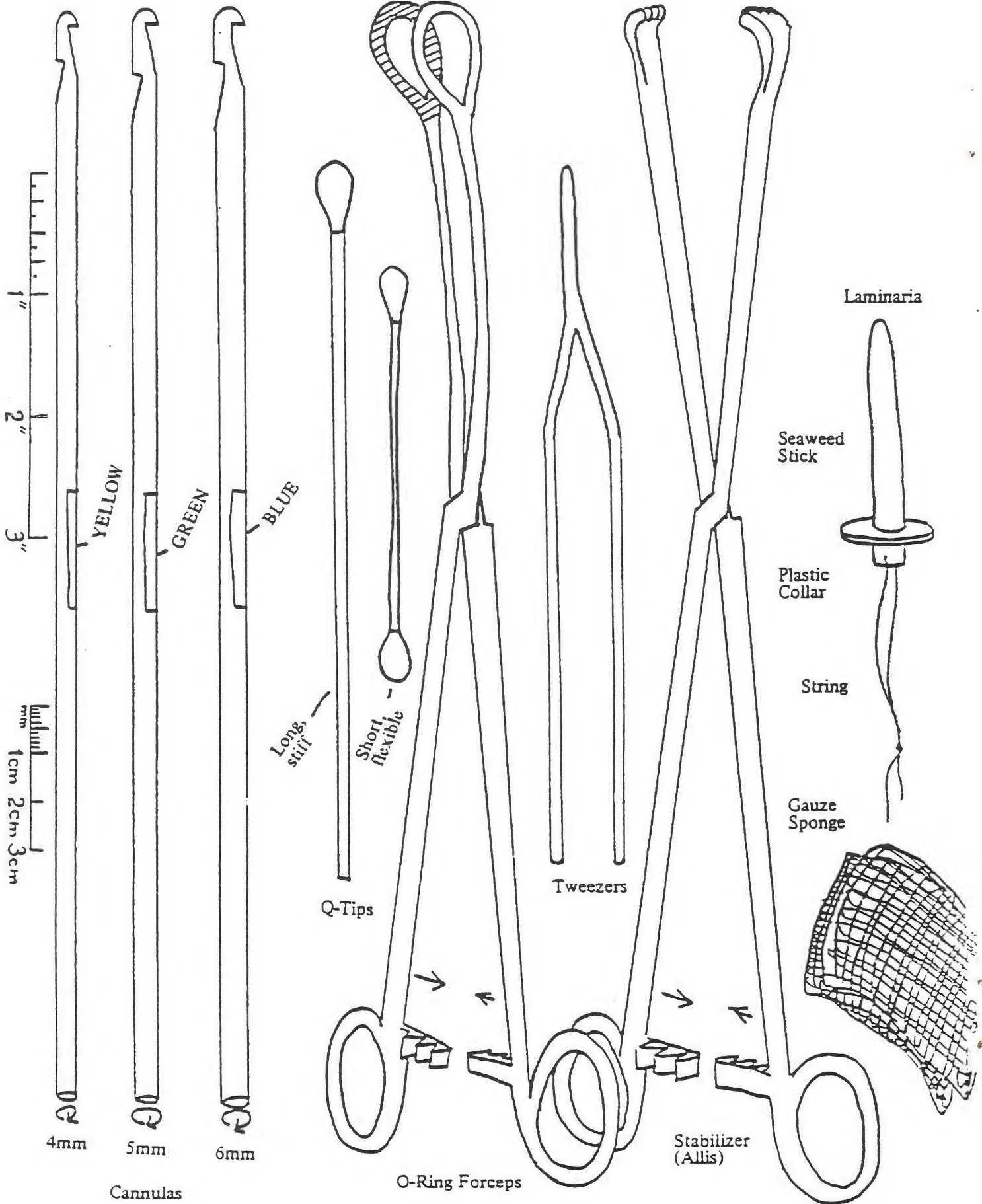
1. O-RING FORCEPS, used to hold instruments. Substitute tongs used in food preparation, long or pin-nose pliers or long tweezers.
2. STABILIZER (Allis stabilizer, see picture page 16) with one end bent out so it will hold the cervix firmly but not pinch is the best. However, stabilizers are difficult to come by and, unfortunately, difficult to substitute. Tongs or tweezers can sometimes be used. Again, bending the ends so they hold the cervix firmly without pinching.
3. COVERED POT for sterilizing metal instruments and for temporary storage of them. Any tight containers, pressure cooker, pots, or coffee cans can be used.
4. BULB SYRINGE or BABY'S SYRINGE, used in intrauterine wash (lavage) abortions.
5. PIN-NOSE PLIERS, TWEEZERS, FOR IUD REMOVAL, can be found in tool shops or in hardware stores. Also, a toothbrush with a hole in the handle can be used.
6. DEL-EM PARTS, for early suction abortion. See Section on Del-em parts.
7. LAMINARIA, for digital method. A seaweed that grows off the coasts of Denmark and Japan (see section on Laminaria Abortion.)
8. SLIPPERY ELM can be used like Laminaria. Can be found in only some parts of the world, but there are probably other plants that are comparable.

DRUGS

Certain drugs used to contract the uterus after an abortion can sometimes be used by themselves to induce an abortion. Some countries will sell them by prescription only. Methergine, Ergotrate and Oxytocin are available in the U.S. by prescription only. NOTE: herbs used for this purpose are discussed on page 41.

INSTRUMENTS AND SUPPLIES

ACTUAL SIZE



SUCTION ABORTION EQUIPMENT

The Del-Em (see picture, page 19) is a device that some women have reported using to terminate an early pregnancy—up to about 8 weeks from the last normal menstrual period. The Del-Em is used in advanced Self-Help Clinics for menstrual extraction, a woman-controlled research project where laywomen extract each others periods on or about the day that they would normally expect to menstruate. Some of these women have also used menstrual extraction as a method of birth control. When the Del-Em is properly assembled as shown, the cannula may be inserted into a woman's uterus and the 50 cc syringe plunger pumped (pulled in and out of the barrel of the syringe) until it can be pumped no further. This means the maximum amount of suction has been achieved in the Del-Em. The collection tube is attached to a one way safety by-pass valve that permits air to be pumped out of the Del-Em but not pushed back into the uterus.

ANY AIR PUMPED INTO THE UTERUS COULD GET INTO THE BLOODSTREAM, TRAVEL TO THE HEART, POSSIBLY CAUSING A HEART ATTACK AND THEREFORE BE POTENTIALLY FATAL. A GOOD TEST TO MAKE SURE THAT THE DEL-EM IS SUCKING AIR IN THROUGH THE CANNULA AND NOT PUMPING AIR OUT, IS TO TRY SUCKING WATER OUT OF A GLASS FIRST.

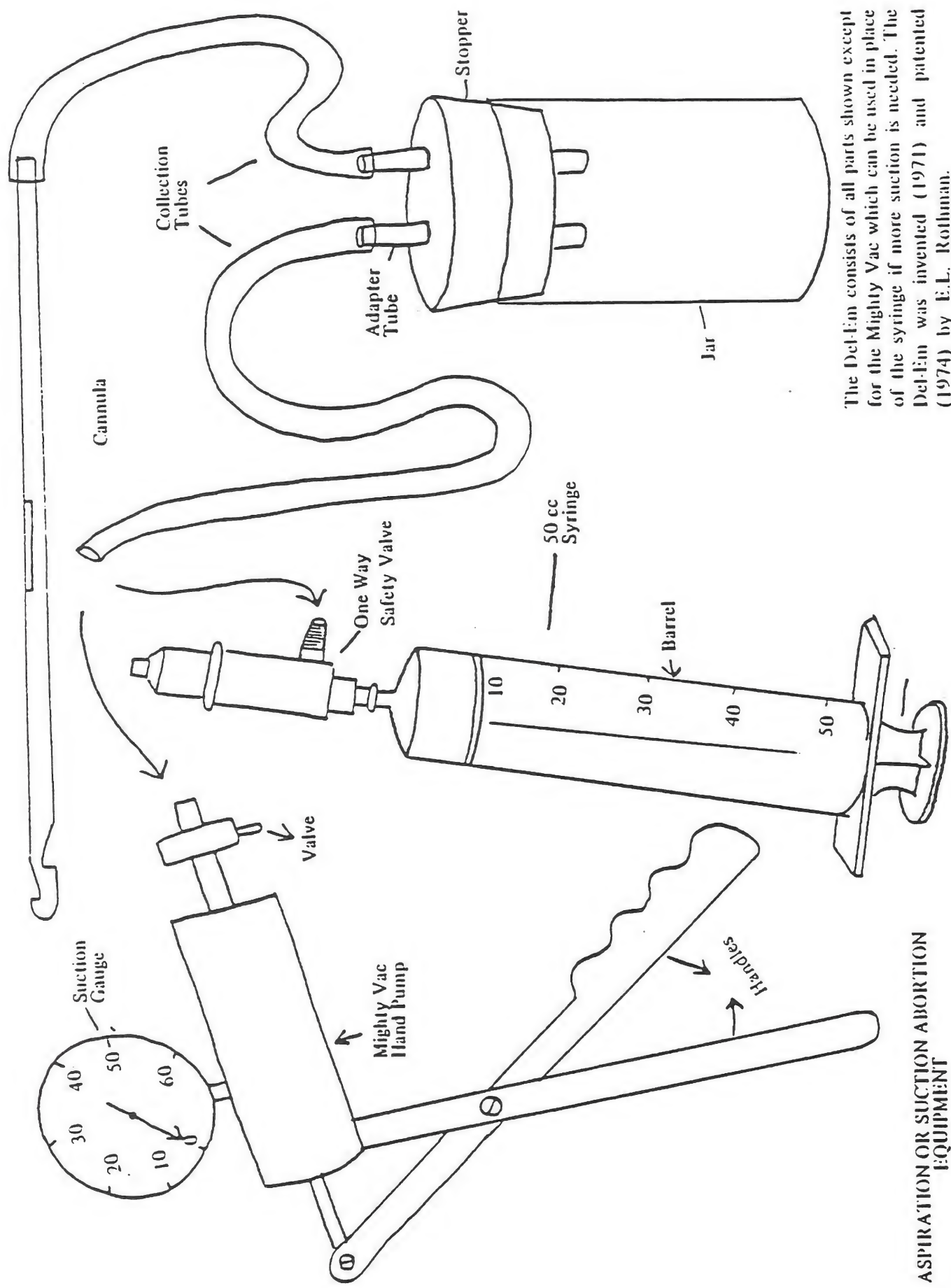
If a woman is more than 8 weeks (LNMP) pregnant, most women have observed that a stronger form of suction is needed for this method to work. For this, hand pumps can be used instead of the 50 cc syringe. Laboratory hand pumps such as the Mighty Vac aspirator are sometimes used for abortions in a hospital or a clinic (see page 19). The Mighty Vac also has a valve that will prevent air from being pumped into the uterus. The handles are grasped and squeezed together repeatedly to get the desired amount of suction as shown by the gauge on the top.

Women report using a bicycle pump for suction. They easily converted the pump to suck air in rather than pump air out by reattaching the plunger of the pump to its rod, backwards, and then reinserting it into the pump barrel (see picture, page 20). These are two good alternatives because you have direct control over the amount of suction. If neither of these forms of suction are available, there is a third way to create a vacuum. Instead of using a 50 cc syringe, a hand pump, a bicycle pump, or a second jar can be attached to the collection tubing by a one-holed stopper in the top (see picture, page 20). In the bottom of this second jar, an alcohol soaked rag is placed and set fire to. Then the stopper is put in the jar and the cannula into the woman's uterus; the flame will use up all the oxygen and eventually burn out forming a vacuum.

Milking machines and vacuum cleaners have been used as a source of suction or there may be gasoline siphoning equipment that could be converted. Actually, there are many kinds of suction machines available at hardware stores or laboratory supply houses. Regardless of the kind of machine, caution must be exercised to use enough suction to remove the pregnancy, but not enough to damage the uterus. A good comparison would be not to use more suction than you feel when you put your finger on one end of a plastic straw and suck as hard as you can on the other end. Aspirators used by doctors usually use no more than 60 lbs. of pressure or 30 cc of mercury.

The Del-Em jar will collect the aborted pregnancy. After use, the Del-Em should be washed immediately with cold water to make sure that no blood remains stuck in the tubing or jar. It can be stored clean for future use. The Del-Em jar and tubing need not be sterile. Only the cannula which will be entering the uterus needs to be sterile.

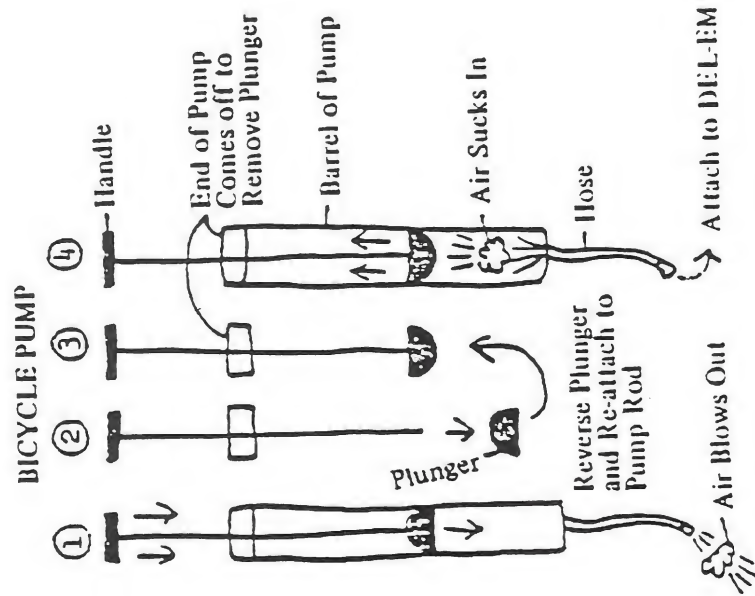
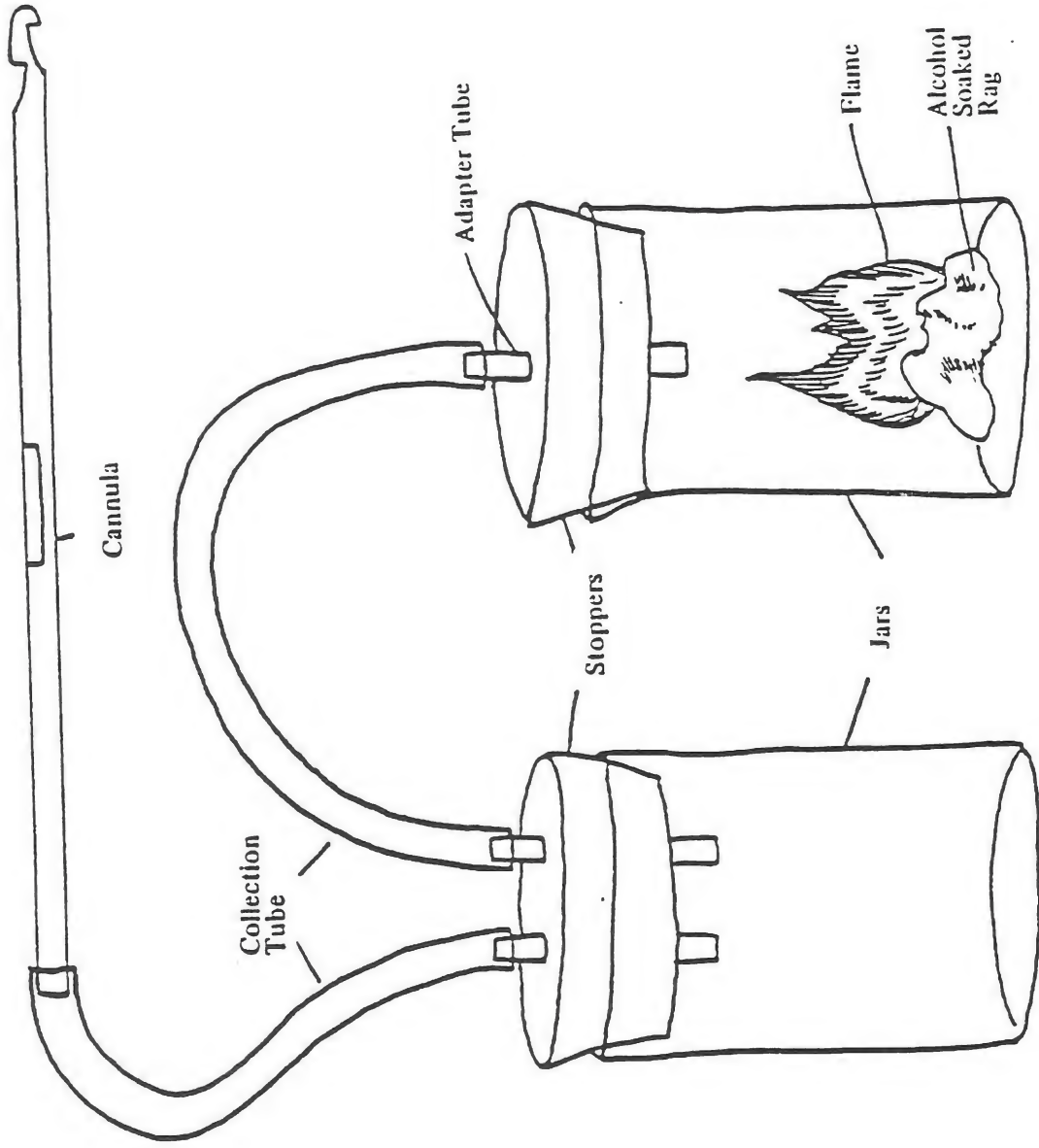
1. CANNING (MASON) JARS or any jars with the opening of the jar the same size as the rubber stopper. "Regular" size Mason jar openings take a No. 13 laboratory stopper.
2. RUBBER STOPPERS can be gotten from any laboratory supply company. Make sure that the stoppers have two holes in them or a large cork could be substituted.
3. ADAPTER TUBING (to stick through the rubber stopper) can be made from pieces of 6 mm cannulas. By putting a long, thick nail into the tube to make it rigid and firm, it can then easily be pushed through the stopper.
4. COLLECTION TUBING, soft rubber or plastic fish tank tubing will work. It must be large enough for the cannula and the adapter.
5. 50 cc SYRINGE. Syringes usually can only be purchased from a medical supply house by a doctor. There are culinary syringes that are available from gourmet cookware stores. One example of this is The Cook's "Shot." They are made by: The Cook's "Shot," Inc., 401 S. Hartz Ave., Danville, CA 94526. There are two kinds of suction methods that can be easily substituted. The Mighty Vac hand pump can be ordered through Cole-Palmer Instrument, North Dearborn Street, Chicago, Illinois, U.S.A., and a similar hand pump is available from Scientific Products. There are Scientific Products Distribution Centers in New York, Los Angeles and Chicago. There are probably other hand pumps manufactured and distributed by other medical supply companies. There is also the burning alcohol rag technique, the bicycle pump with the plunger turned around, and the other kinds of usable suction mentioned on page 17.
6. CANNULAS. Flexible cannulas are made of polyethylene tubing. Usually this tubing must be bought in bulk which can be expensive. It comes in varying diameters: 4 mm 5 mm and 6 mm are the most common sizes used. Polyethylene tubing is firm enough so that it won't collapse when suction is applied, yet flexible enough so that it will cause little trauma to the uterus when inserted. Cannulas can be made with this tubing (see How to Make a Cannula, page 27). One company that makes and distributes cannulas is Berkeley Bio Engineering, Inc., 600 McCormick Street, San Leandro, California 94577, U.S.A. They also have branches on the east coast in New Jersey. Two other companies that make cannulas are Rocket of London, PO Box 407, Branford, Connecticut 06405, and IPAS (International Pregnancy Advisory Service) 143 West Franklin Street, Chapel Hill, North Carolina 27514. These cannulas come in sterile packets and can be stored. You don't need a doctor's name to order them. You can place orders COD (pay for them when they arrive) but Berkeley Bio is used to filling orders of great quantity and may find it unusual to supply only half a dozen cannulas, especially if it's not in the name of a doctor's office or a clinic. The soft, plastic tubes in the bottles of pump spray cans and spray bottles (like hair sprays and window cleaning bottles) can be used to make cannulas (see page 27).
7. SAFETY VALVE. Stainless steel safety valves, called the Cromwell Two-Way Valve, can be purchased from Van Waters and Rogers or Scientific Products, both large laboratory supply houses that have branches in most major cities, or you can check with other laboratory supply houses.



The Del-Eim consists of all parts shown except for the Mighty Vac which can be used in place of the syringe if more suction is needed. The Del-Eim was invented (1971) and patented (1974) by E.L. Rothman.

ASPIRATION OR SUCTION ABORTION EQUIPMENT

(Smaller than Life Size)



A VARIATION ON THE DEL-EM

Smaller Than Life Size

ASPIRATION OR SUCTION ABORTION

Many women have reported that a simple aspiration abortion can be done up to approximately 8 weeks LNMP with the use of a flexible plastic cannula and an adequate source of suction. Their descriptions of this type of abortion are as follows: it is very important to get a history of a woman's health before doing an abortion. Has she been pregnant before? Were there any complications? Surgeries like a hysterotomy or a cesarian delivery could mean a weak uterine wall and an increased chance of uterine perforation when putting a cannula or sound into the uterus. If a woman has had any children, her uterus may feel larger than the number of weeks pregnant she is would indicate. If she is diabetic, she may have far more material in her uterus than you would expect at that stage of her pregnancy. Does the woman have any bleeding problems like hemophilia (a bleeder)? Sometimes this condition can be simply controlled by taking vitamin K or it may require the use of drugs; her past experiences with vitamin K should be carefully considered to evaluate the chances of hemorrhage (severe uterine bleeding after an abortion).

If it is difficult to accurately feel the size of the uterus, it should be carefully evaluated with the woman's last normal menstrual period to determine which type of abortion technique to use. If the uterus is sharply tipped, the chances of uterine perforation increases. Also, a sharply angled uterus may not allow you to completely empty the uterus with a cannula.

If it is felt that the uterus could not be emptied with the use of a cannula or that all of the fetal material could not be drawn through the cannula (for example, if the woman's uterus feels larger than 10 weeks, or is very tipped) then it may be preferable to try one of the

other methods of abortion. *Retained fetal or placental parts may result in hemorrhage or uterine infection.*

The other abortion techniques discussed here require the uterus to expel its entire contents, intact, through a process similar to labor. With this type of abortion there is also the risk of incomplete removal (usually retained placental tissue) and could mean the same complications. Taking a drug to contract the uterus will sometimes force the rest of the material out. (See complications material on page 46).

Does the woman have an IUD in her uterus? If so, it would be taken out first, before doing the abortion. (See Induced Abortion by IUD Removal, page 39).

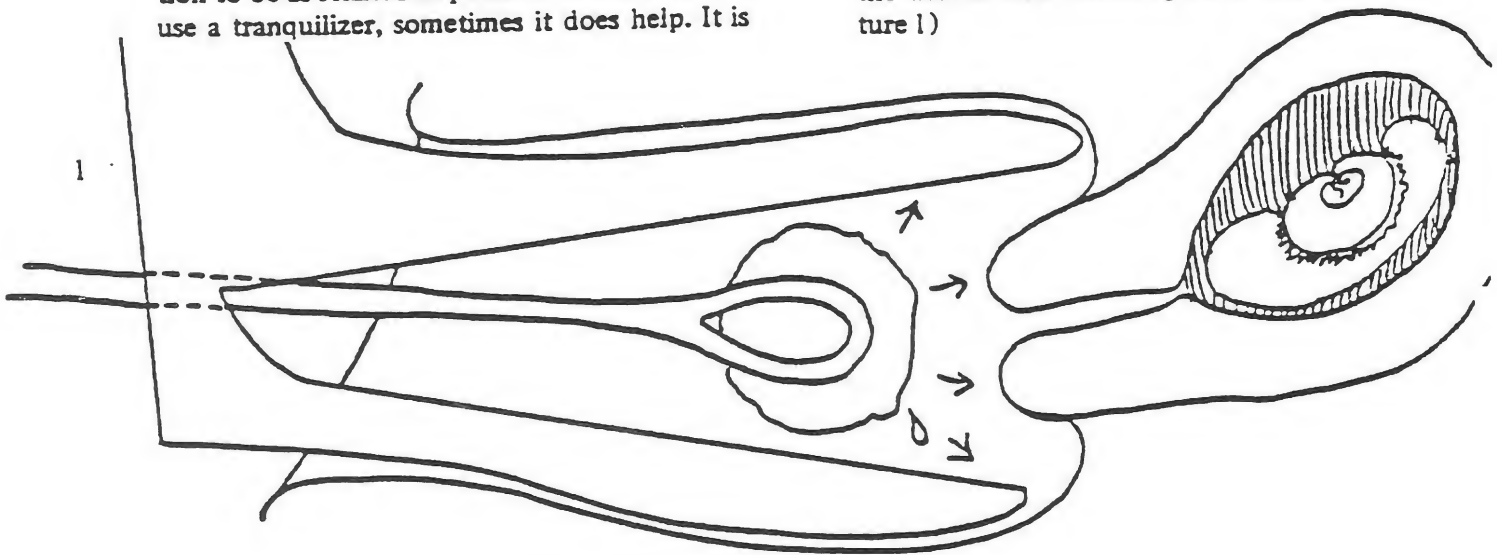
If a woman knows that she is anemic or has been feeling tired and weak, she might take some iron pills to give her more energy, particularly after the abortion when she will have some bleeding. How is her general health? Is she prone to dizziness or fainting? Has she ever had a seizure? During an abortion, disrupting the uterus can cause a woman to feel faint, dizzy, nauseous, etc. In an extreme case, it may cause a mild form of seizure (petit mal) or shock, which you can watch for if you know that a woman is prone to these things. Shock will cause the skin to feel cold and sweaty, the pulse to be weak, the eyes to dilate and sometimes an involuntary shaking. It is best, in the case of shock, to elevate the legs and keep the woman as warm as possible.

A careful pelvic examination must be done to check not only the size of the uterus, using the woman's last normal menstrual period as a measure, but also to feel for the position and angle. After the pelvic exam, the woman uses a speculum to see her cervix.

It is very important for the woman to be in a comfortable position with her back slightly propped up and her legs supported if necessary. It is also important to have another woman sitting close to the woman's head while she is having the abortion to support her and rub her abdomen and legs and help her to breath deeply if and when she feels uncomfortable. However, the abortion can be done without the help of this third woman if necessary. It is important for the woman who is having the abortion to be as relaxed as possible. If she wants to use a tranquilizer, sometimes it does help. It is

best not to use marijuana (Cannabis) to help her relax, since it may make her more sensitive to the cramping. Cannabis also dilates the blood vessels which could result in excessive bleeding.

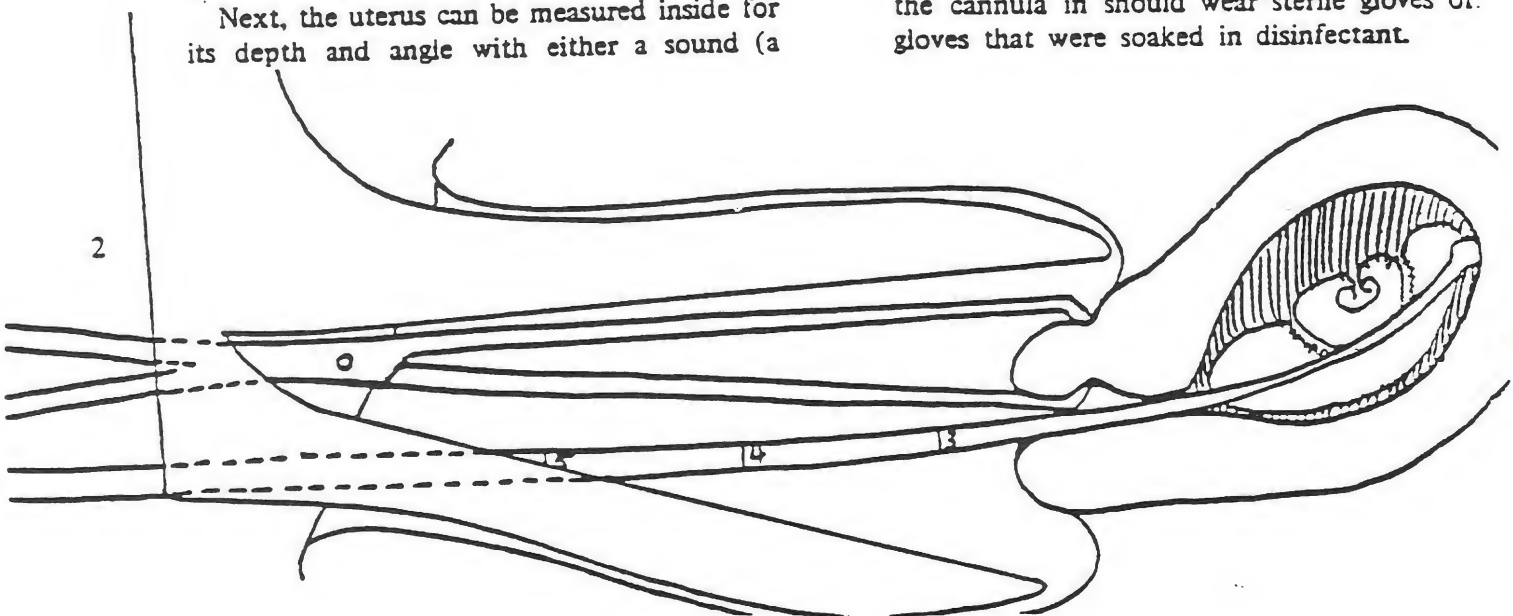
It is a good idea to cleanse the cervix and vaginal canal with cotton soaked in a diluted antiseptic solution like Betadine (if using Zephiran, use rayon instead of cotton balls, since cotton deactivates the Zephiran) to lessen the chance of getting bacteria from the vagina into the uterus when inserting the cannula. (See picture 1)

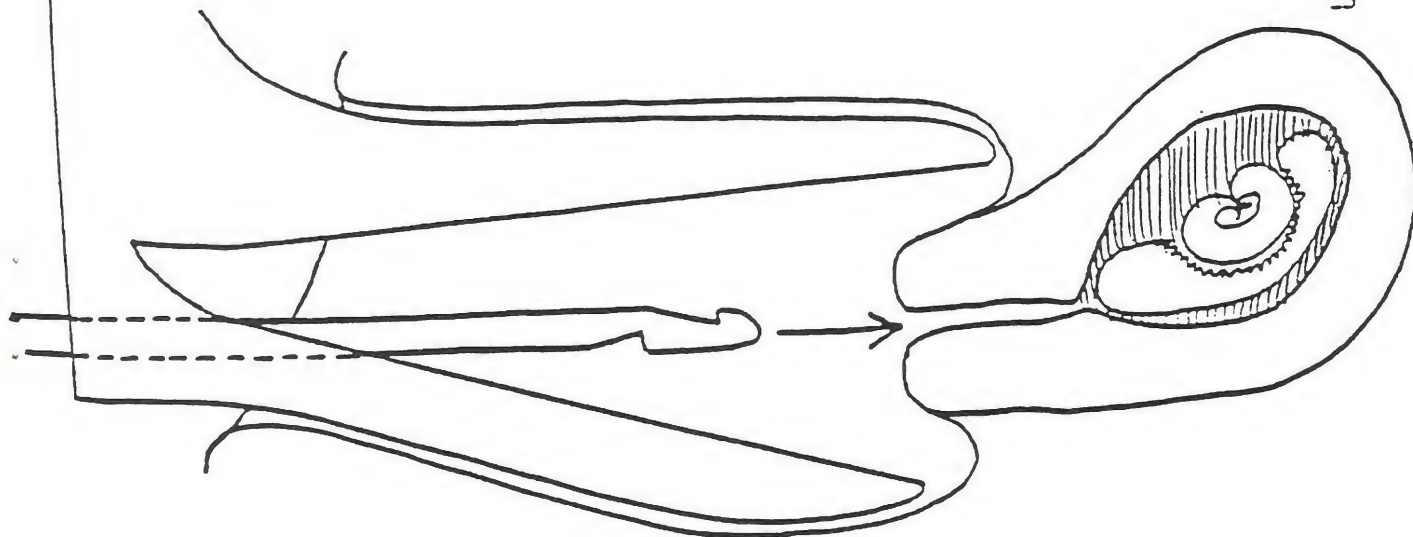


The vagina is not a sterile area and has many kinds of bacteria normally growing in it. The opening to the uterus, the os, is slightly open. Since you do not want to introduce an infection into the uterus, anything that is inserted into it should be as germ free as possible. A pair of O-Ring forceps or tongs boiled sterile or soaked in a disinfectant can be used to hold the cotton balls or gauze.

Next, the uterus can be measured inside for its depth and angle with either a sound (a

metal or plastic rod 4 mm in diameter) or a sterile 4 mm cannula. (See pictures 2 and 3) A sound does not have to be used if a cannula is used. The cannula is put into the uterus through the os in the same direction the uterus was felt during the pelvic examination. Do not touch the walls of the vagina or the speculum when putting the cannula into the uterus. If possible, the woman who is putting the cannula in should wear sterile gloves or gloves that were soaked in disinfectant.



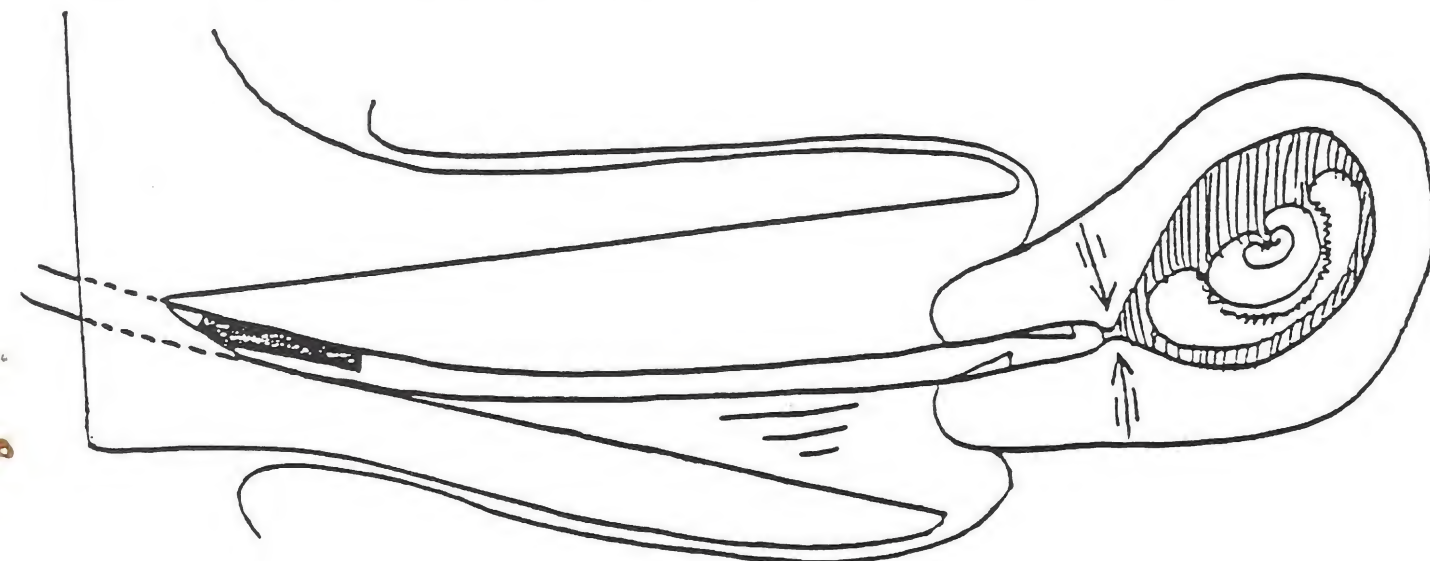


After she has put the cannula into the os, about $1\frac{1}{2}$ centimeters (a little more than $\frac{1}{4}$ of an inch), it is common to feel a resistance as if the cannula will go no farther. (see picture 4) The cannula is now against the firm inner muscle of the os. Gently but firmly push the cannula through the muscle opening. Some times the cannula goes through the inner os easily.

It is very common for some women to have a feeling of cramping in their uterus at this point. The os muscle and the uterus muscle frequently cramp when something is put into the uterus. If there is difficulty in getting the cannula inside the uterus either because the os muscle is too firm or because the uterus is moving with the motion of the cannula, it may be necessary to use a stabilizer to hold the cervix still while putting in the cannula. (See picture 2)

The stabilizer will hold the cervix firmly. Sometimes, if a woman is very early in her pregnancy (for example, she has just missed her period) the os muscle may be tightly closed making it difficult to put in the cannula. Since the cervix becomes softer as the pregnancy progresses, sometimes waiting a week makes it easier to put in the cannula.

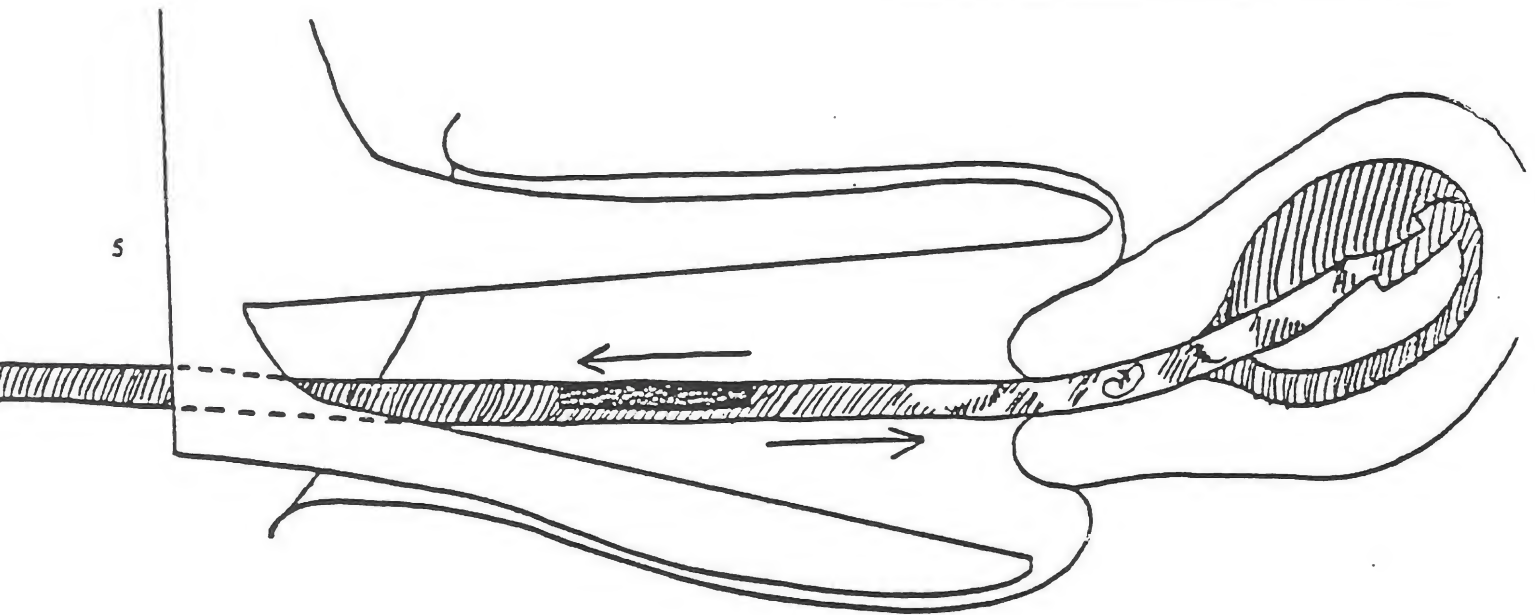
It is preferable to use the smallest cannula that will remove the contents of the uterus, since it will cause the woman less discomfort and her cervix less trauma and strain. She will also have less chance of complications after the abortion, since the os will not be very open to let in germs which may cause an infection. A 4 mm cannula is usually adequate for pregnancies up to 6 weeks LNMP, a 5 mm cannula up to 7 weeks LNMP and a 6 mm cannula up to 8 weeks LNMP, although these are not



absolute measures. NOTE: After 8 weeks, sometimes there is more cartilage in the fetus and it becomes more difficult to remove the pregnancy through the cannula. A woman may want to have a larger size cannula used even though she is very early in her pregnancy; if the cannula goes into her uterus easily and it is comfortable for her it will empty her uterus faster. Each woman's body is different and decisions will be made at each step of the abortion. If a woman's os is very firm and it is suspected that a larger cannula is needed to complete the abortion, use a smaller size cannula first and then the next size when the cervix feels more open. For a woman who is very early in her pregnancy (5 to 6 weeks LNMP) the cannula, after being put into the uterus, goes in about 6½ centimeters (2½ inches).

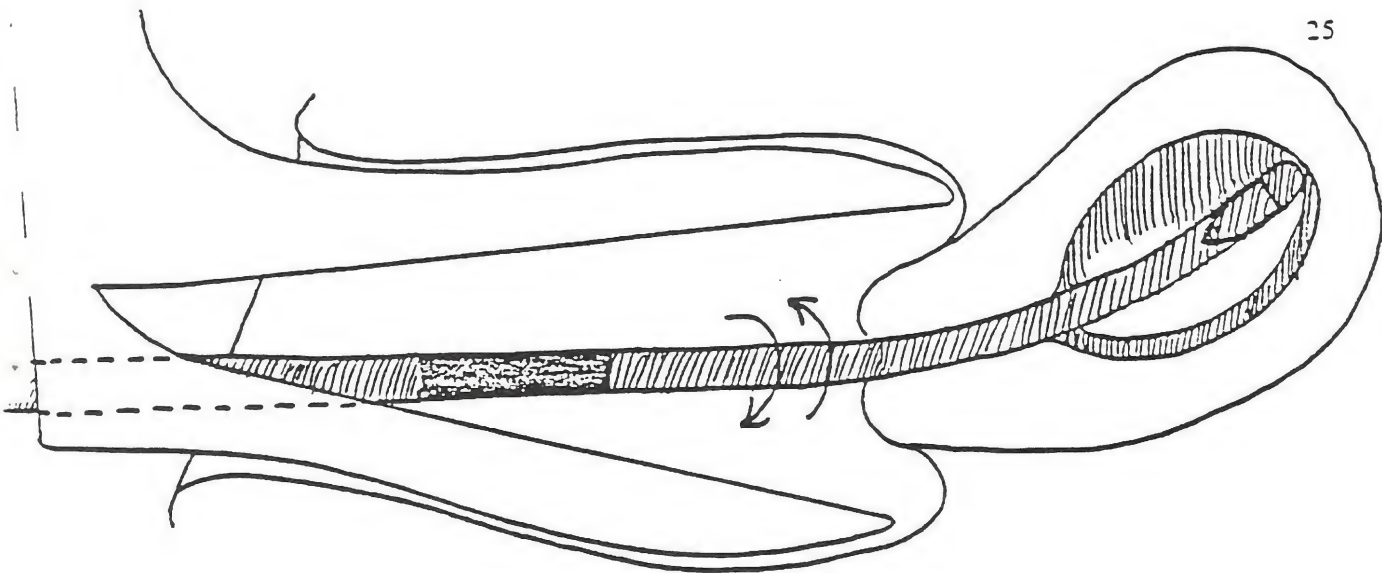
The cannula is then attached to a form of suction. This could be the Del-Em, which uses

a 50 cc syringe for suction and is usually adequate to empty the uterus up to 8 weeks from a woman's last normal menstrual period. Beyond this point a stronger form of suction is sometimes necessary. A Mighty Vac hand pump can be used with the Del-Em in place of the 50 cc syringe. It will be necessary for another woman to pump the suction. This could be the woman having the abortion or a third woman. The cannula can be attached to the Del-Em before it is put into the uterus. If the cannula is first put into the uterus and then attached to the tubing, it can move in the uterus, causing the woman unnecessary discomfort. Some women like to have the suction pumped slowly after the cannula is put in the uterus or the suction can be built up in the jar before the cannula is put in the uterus. This is done by clamping closed the tubing leading from the jar into the cannula and keeping it pinched shut until the cannula is in the woman's uterus.



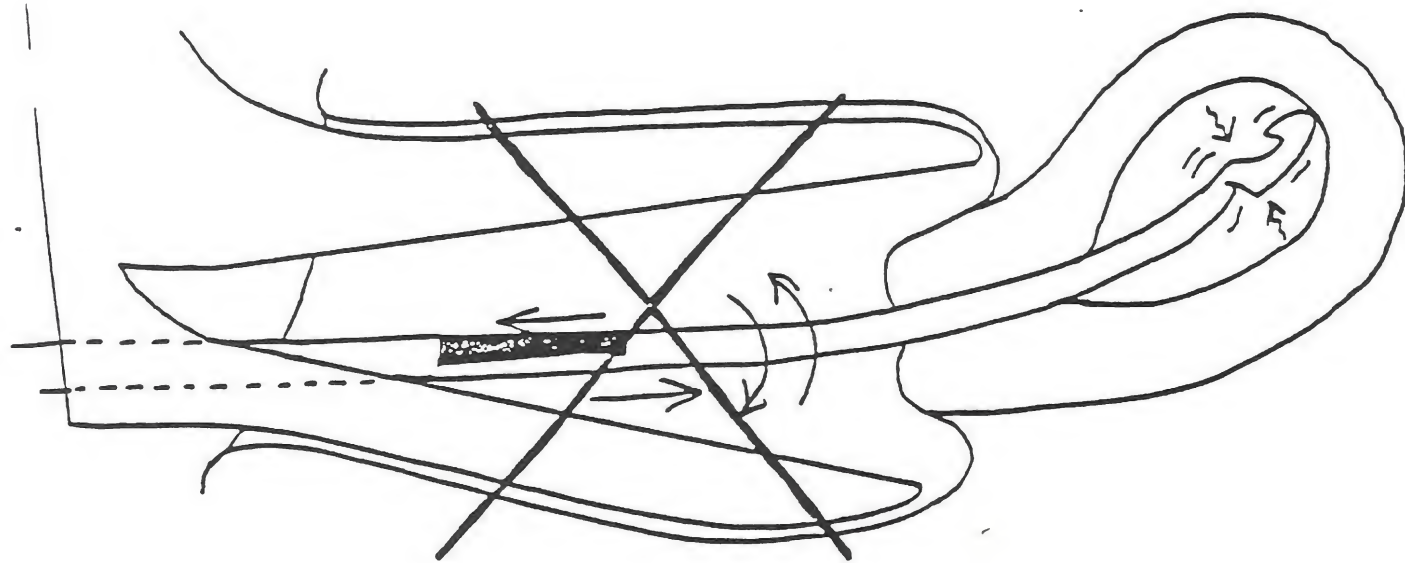
When the cannula touches the back wall, the woman having the abortion will feel it like a cramp. Withdraw the cannula about ½ centimeter (1/8 of an inch) to prevent discomfort. The cannula is now in the woman's uterus and the suction is on. Now the material in the uterus will begin to move down the tubing.

Moving the cannula speeds this movement, but can be uncomfortable in the uterus. The cannula can be moved slowly back and forth in the uterus (see picture 5) or it can be turned so that the cannula's openings touch all sides of the uterine wall. (See picture 6)



The cannula should not be moved back and forth and turned at the same time. This double motion can break the end of the cannula off. Care should also be taken to not let the end of the cannula sit in the woman's os, since the

suction can be uncomfortable for her. The cannula can be moved in one spot until there is no more material coming down the tubing. Then the cannula can be turned to another position in the uterus.



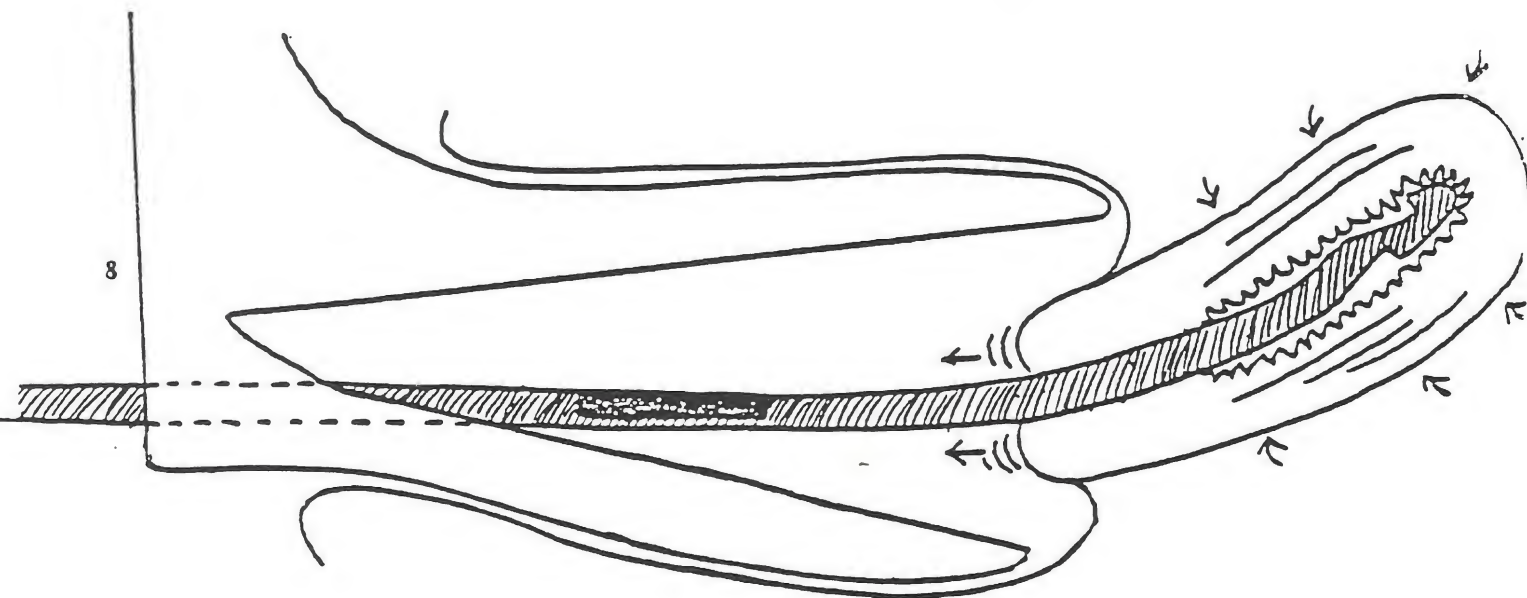
The lining of the uterus, called the endometrium, in a woman who is not pregnant, will be red and mucus-like. If a woman is pregnant, the pregnancy will be attached to the lining of the uterus that ordinarily sheds during the menstrual period. This lining will come down the tubing with the fetus. At first, there will also be a yellowish liquid mixed with the menstrual blood. This is the amniotic fluid which surrounds the fetus. Yellow tissue called chorionic villi can sometimes be seen coming down the

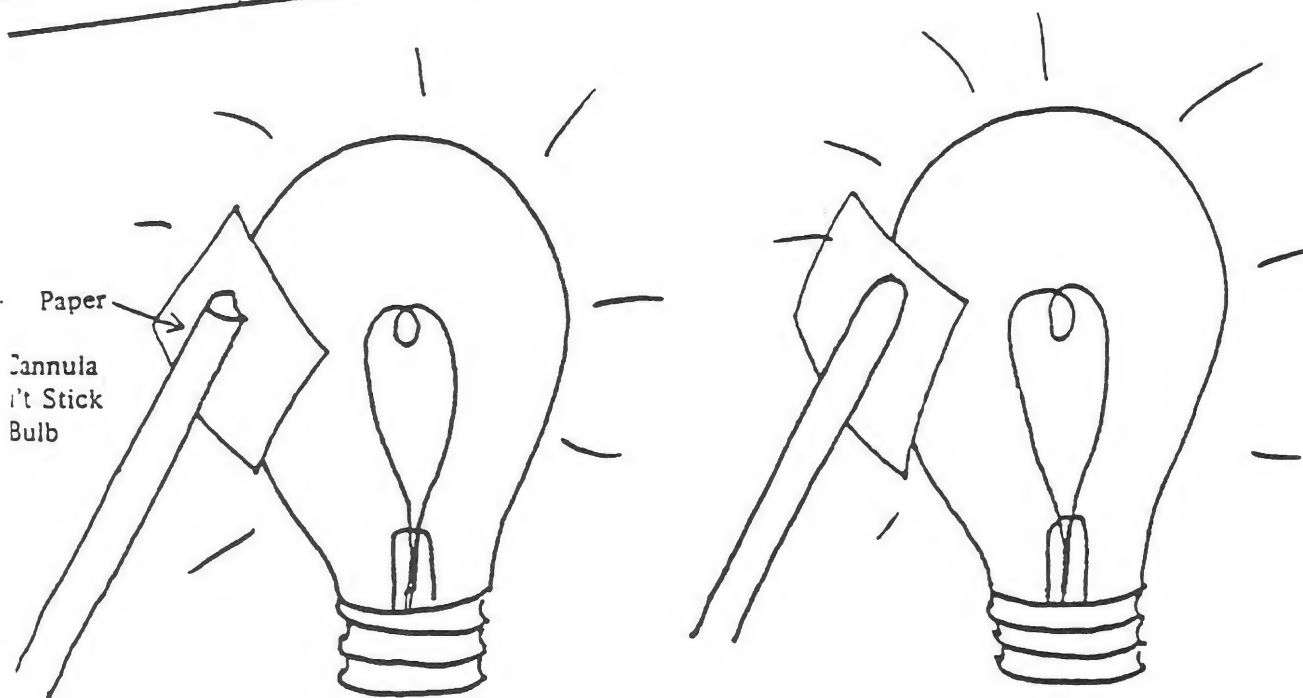
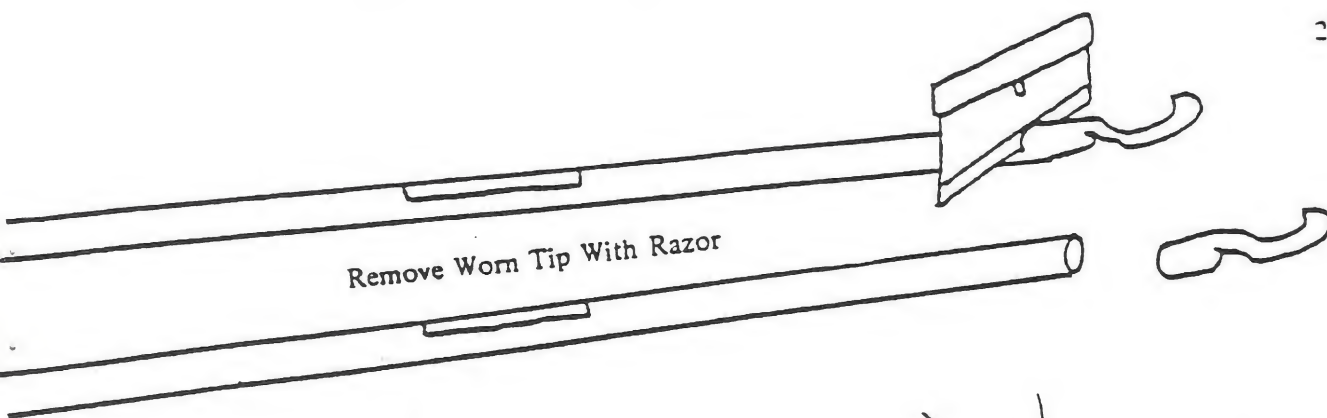
tubing. When placed in water it has characteristic hair-like projections on it called cilia. After 6 weeks LNMP, the chorionic villi becomes the placenta which attaches the fetus to the uterus. The fetus is usually whitish mucus material unless the woman is more than 8 weeks LNMP. After 8 weeks LNMP, the fetus frequently has more cartilage development. Most of the material removed, regardless of LNMP, will be blood. It is important to check the material that is removed to make sure suf-

ficient tissue was also removed. Tissue remaining in the uterus may cause an infection or extremely heavy bleeding called hemorrhaging (see Complications Information, page 46). As the uterus becomes empty, it will contract and cramp down, holding firm to the cannula so it will be difficult to move. The bare uterine wall that has had all of the material removed will feel covered with small bumps or ridges.

It is helpful if the woman who is having the abortion massages her uterus with her hand. This may ease her cramping and also pushes the uterus down on to the cannula, helping to move the material out. The abortion can take from 5 minutes to one hour or more, depending on the woman's discomfort and the ease with which the abortion can be done. When the uterus is thought to be empty, the cannula is taken out. Sometimes the cannula tip can become clogged with material. Take the cannula out and sometimes this alone will unclog it. Or

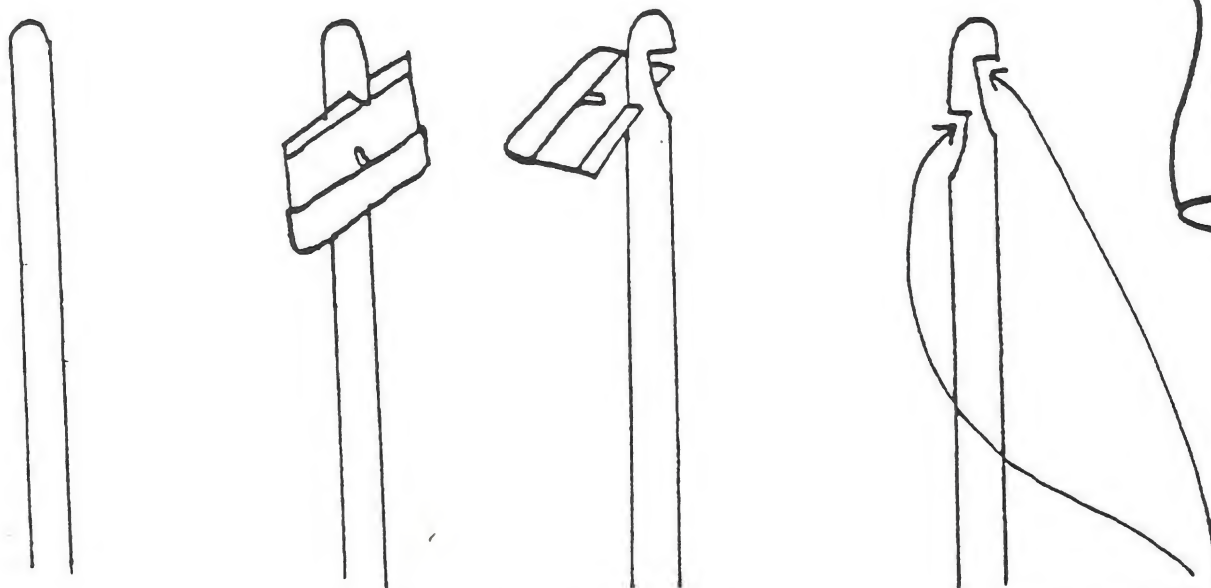
you may have to remove the material with either sterile gauze, a sterile Q-tip, or your sterile, gloved fingers. If the cannula is touched by something that is not sterile, it should not be put back into the uterus. It should be re-soaked in the disinfectant before using again. It is a good idea to have extra sterile or disinfected cannulas ready for use. After the abortion, the woman can continue to massage her uterus. It may relieve cramping and also helps the uterus to return to its smaller size. The cramps usually do not last longer than 15 minutes. It is common for some women to feel cramping in their legs. These go away too. Some women may also feel nauseous, dizzy and shakey and may wish to lie down for a while. After the abortion, it is important to look at the material that is in the jar and tubing to make sure that as much tissue was removed as should be.





Rub Tip Against Hot Light Bulb to Melt End Closed. Make Sure Tip Is Blunt and Smooth.

This Tube Can Be Used for a Cannula.



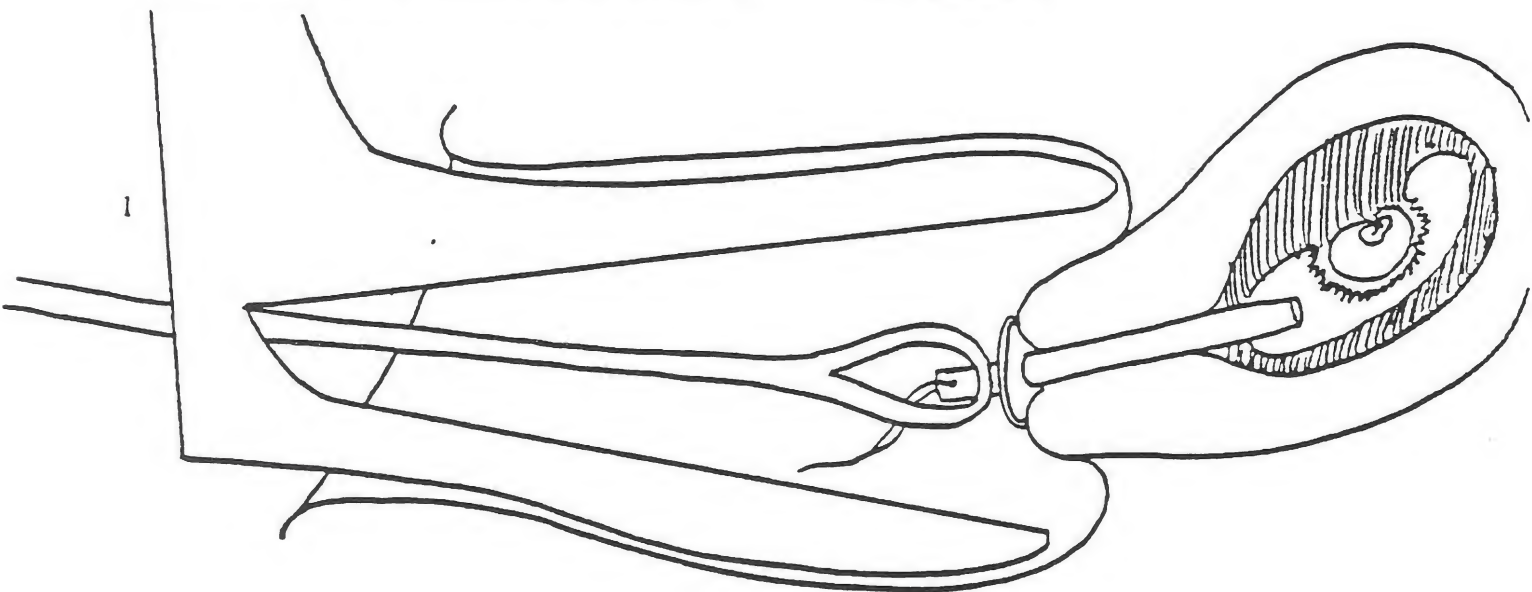
Carefully Cut Openings as Shown.

Check Tip for Weak Spots

LAMINARIA ABORTION

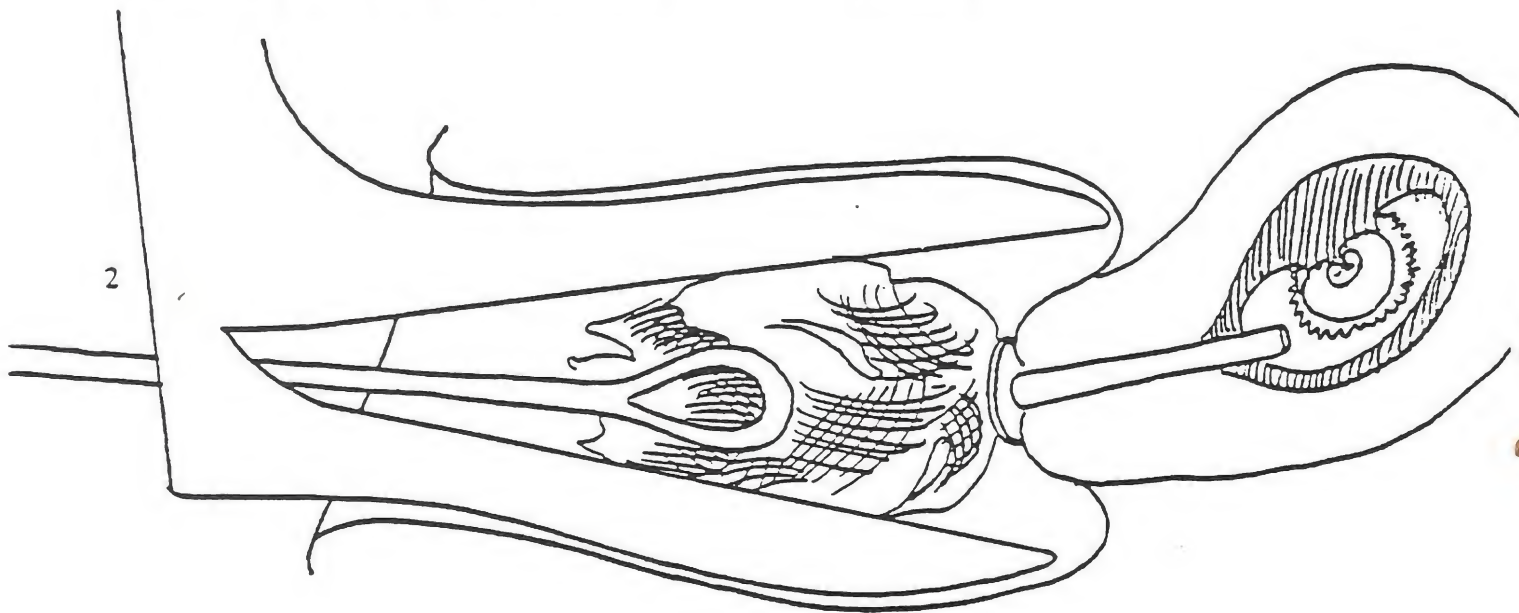
A laminaria abortion is an abortion that can be done at almost any time during a pregnancy. Laminaria is a seaweed that grows in rope-like strands off the coasts of Denmark and Japan. It can be cut into 2 inch pieces (5 centimeters), sterilized and used to dilate the cervix just prior to doing an abortion, or it can be used by

itself as a means of inducing an abortion. It comes in a sterile packet with a string tied to one end and sometimes a plastic collar around one end. After the woman has inserted a speculum into her vagina, a stick of laminaria may be inserted into the cervix, just past the inner os (see picture 1).



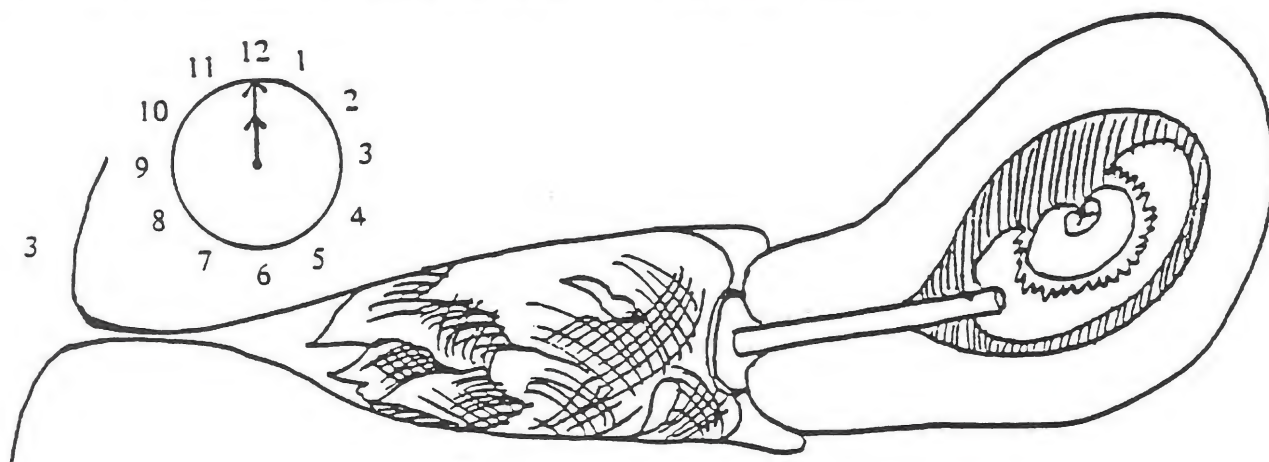
It is extremely important to insert the laminaria through the inner os or the cervix will not properly dilate to induce an abortion. It may be wise to clean the cervix, before inserting the laminaria, with a disinfectant (see Supplies, page 15) to prevent infection. If the

laminaria has a plastic collar, it will prevent it from going up inside the uterus. After the laminaria is inserted, a piece of gauze or a tampon—preferably sterile—can be placed in the vagina to prevent the laminaria from slipping out (see picture 2).



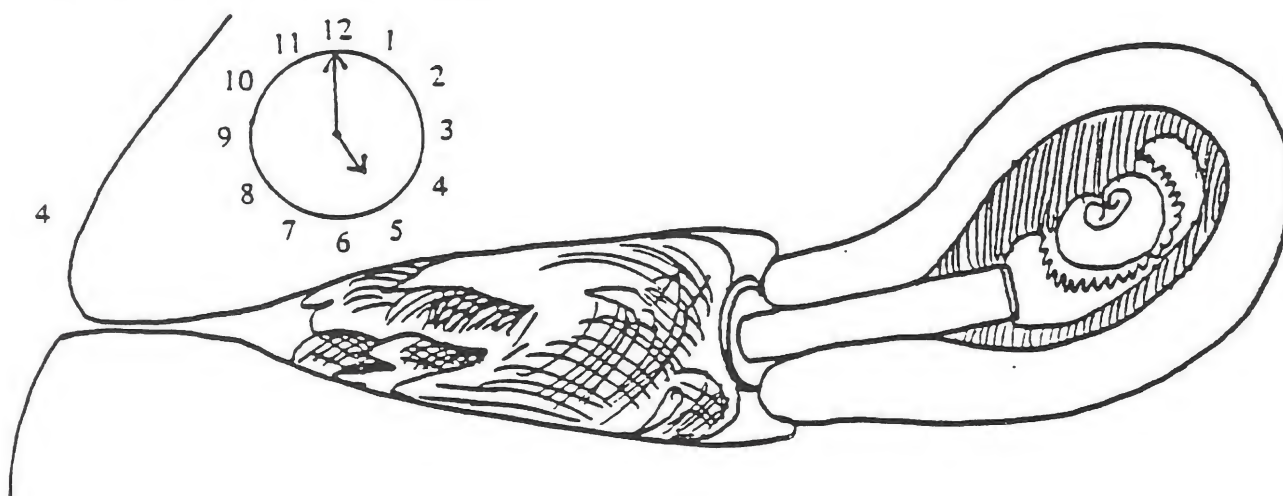
It may be necessary to use a stabilizer to hold the cervix while inserting the laminaria, if the cervix is very tight or moves a great deal (see picture 2, page 22). If possible, more than one stick of laminaria can be inserted. This will result in greater dilation and a greater chance of success. It is common for women to feel a

cramp when the laminaria is inserted and even to feel dizzy, nauseous or faint. After the speculum is removed, the woman may have some mild cramping. The laminaria remains in her cervix where it absorbs moisture, which causes it to swell and stretch the cervical opening (see picture 4).



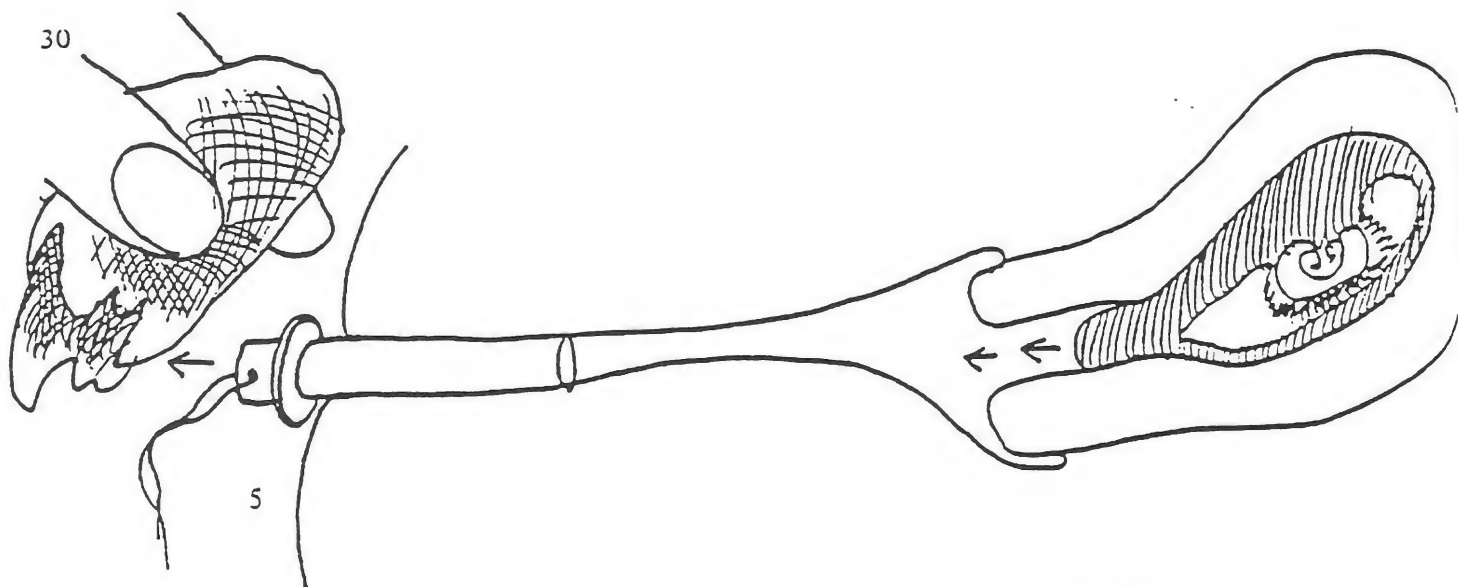
After approximately 5 hours, the laminaria will have doubled in size. It may be left in as long as 12 hours (or overnight) and be removed the next day by one of two ways. The woman can try squatting and removing the gauze and

the laminaria by pulling its string with her fingers (see picture 5) or she can have another woman remove it using a speculum and forceps (see picture 6).

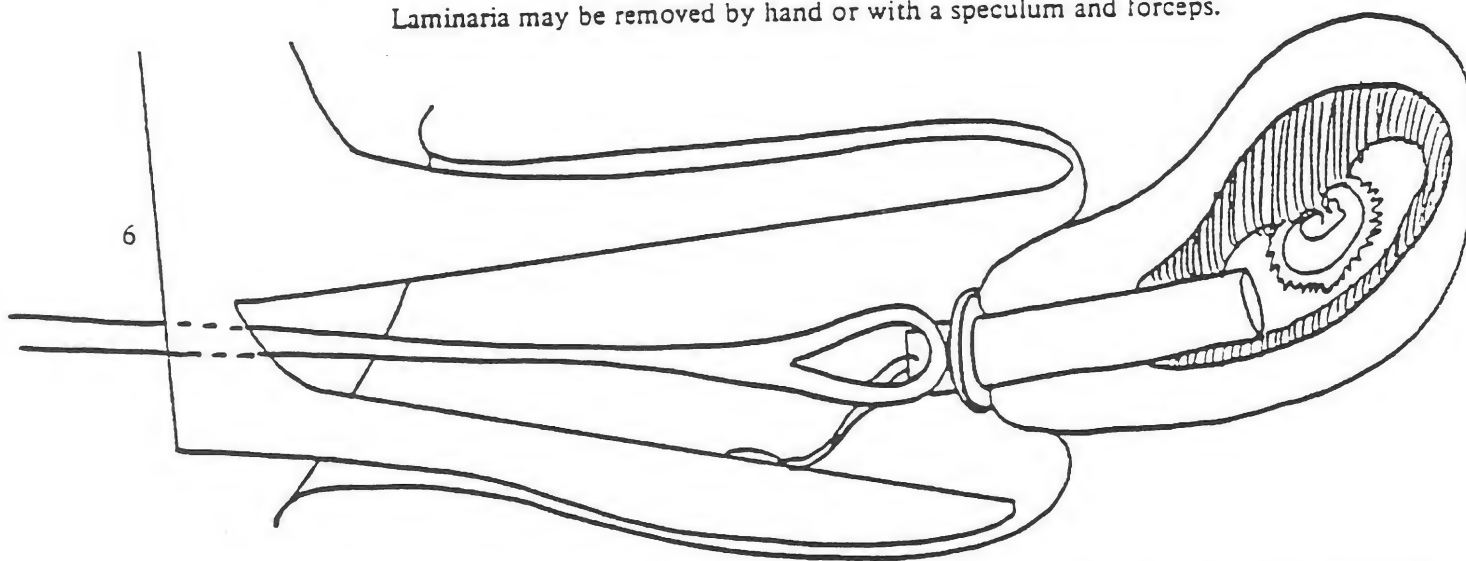


Laminaria can be ordered from Milex-Western, P.O. Box 46030, Los Angeles, California, 90046. Milex-Western has distributors in Chicago, Illinois; Weatherford, Texas; Clearwater, Florida; Honolulu, Hawaii; Hato Rey, Puerto Rico; Toronto, Canada, and Charlotte, North

Carolina. You do not need to be a doctor to order laminaria. However, as with cannulas, laminaria distributors are used to selling larger quantities to clinics and doctors' offices and may find small orders placed in an individual's name very unusual.

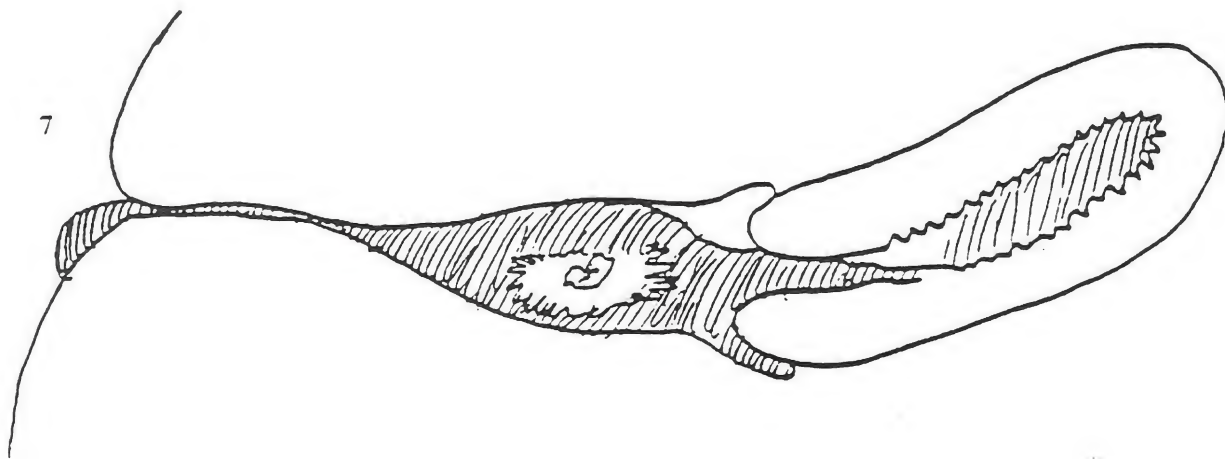


Laminaria may be removed by hand or with a speculum and forceps.



Following the laminaria removal, a suction abortion can be done most often with ease because the woman's cervix is so open. The woman can wait for a spontaneous abortion to occur. This could happen immediately or within a few days. Sometimes a woman will not abort by laminaria only. If she is early enough in her pregnancy, she may need a suction abor-

tion or at any time, she may use a drug like ergotrate to help contract the uterus, forcing the pregnancy out. IT IS VERY IMPORTANT TO MAKE SURE THE LAMINARIA IS REMOVED FROM A WOMAN'S BODY IN AT LEAST 24 HOURS BECAUSE IT WILL BEGIN TO DECOMPOSE AND CAN RESULT IN AN UTERINE INFECTION.



SELF DIGITAL ABORTION

A digital abortion involves a woman using her own fingers to stretch the opening of her uterus (the os) enough so that the pregnancy will slide out on its own accord.

Digital abortions are best done beyond 11-12 weeks of pregnancy. By this time, most women's cervixes are very soft and partly open, so that it is relatively easy to insert your fingers and stretch the os. This method sometimes works easiest for women who have had children and who already have a relaxed, more open cervix.

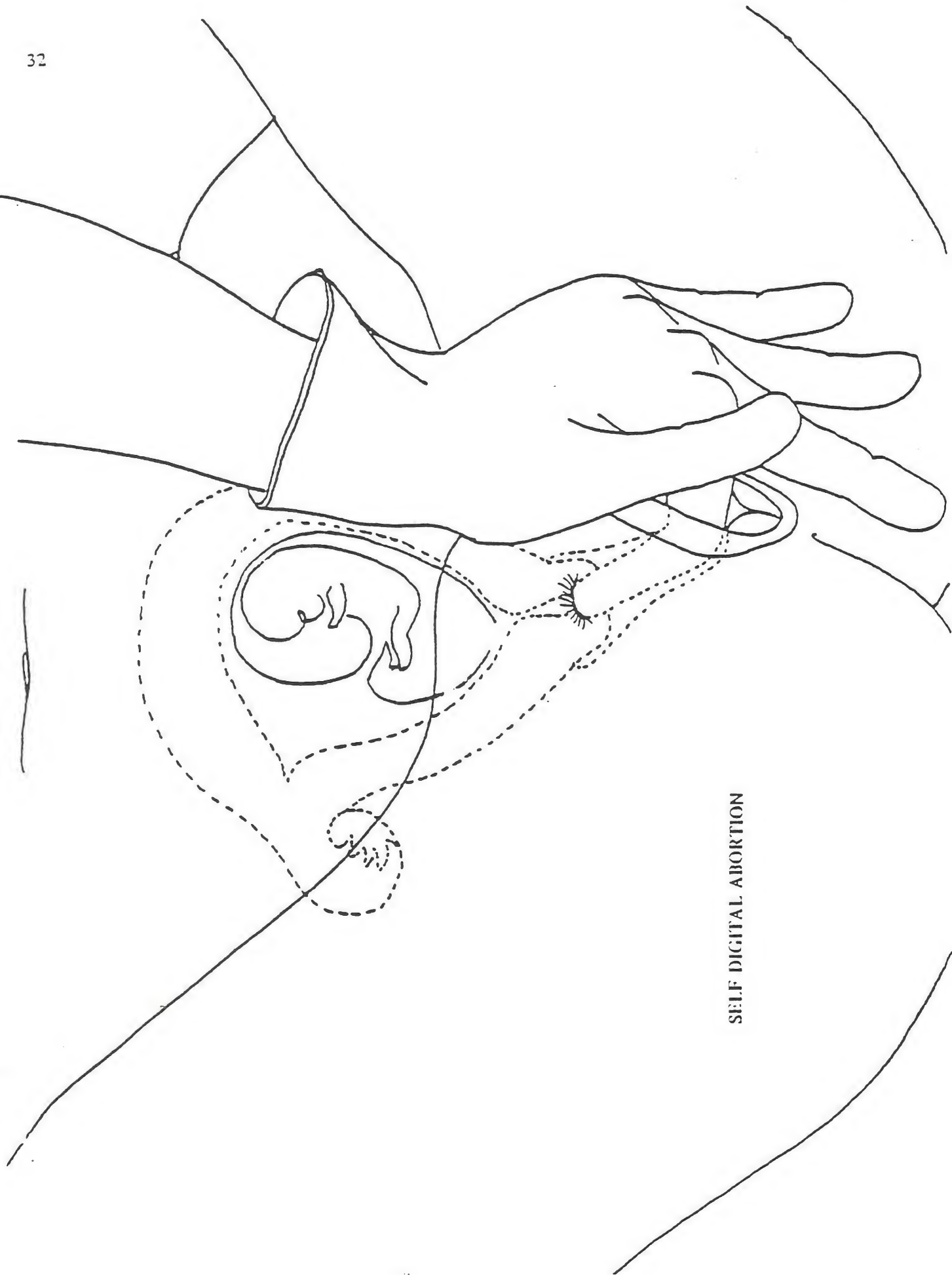
You would probably want to douché with a diluted disinfecting solution such as Zephiran. (See Supplies, page 15.) By squatting, you can bring your cervix closer to the vaginal opening. You insert a sterile gloved finger (preferably a sterile glove, but you can disinfect your finger as well) into the os and gently and persistently try to stretch the opening. This will be a slow process. If any pain is experienced, stop and try repeating the process later. It may need to be done several times a day over a period of several weeks to enable you to stretch the cervix and inner os to one finger's width (see picture, page 33). At this point, you can start trying to insert two fingers. When the cervix has been dilated to two fingers width (see picture, page 34) the uterus should be open enough for the pregnancy to start to abort.

In the early stages of pregnancy, up to approximately 10 weeks, the signs would be

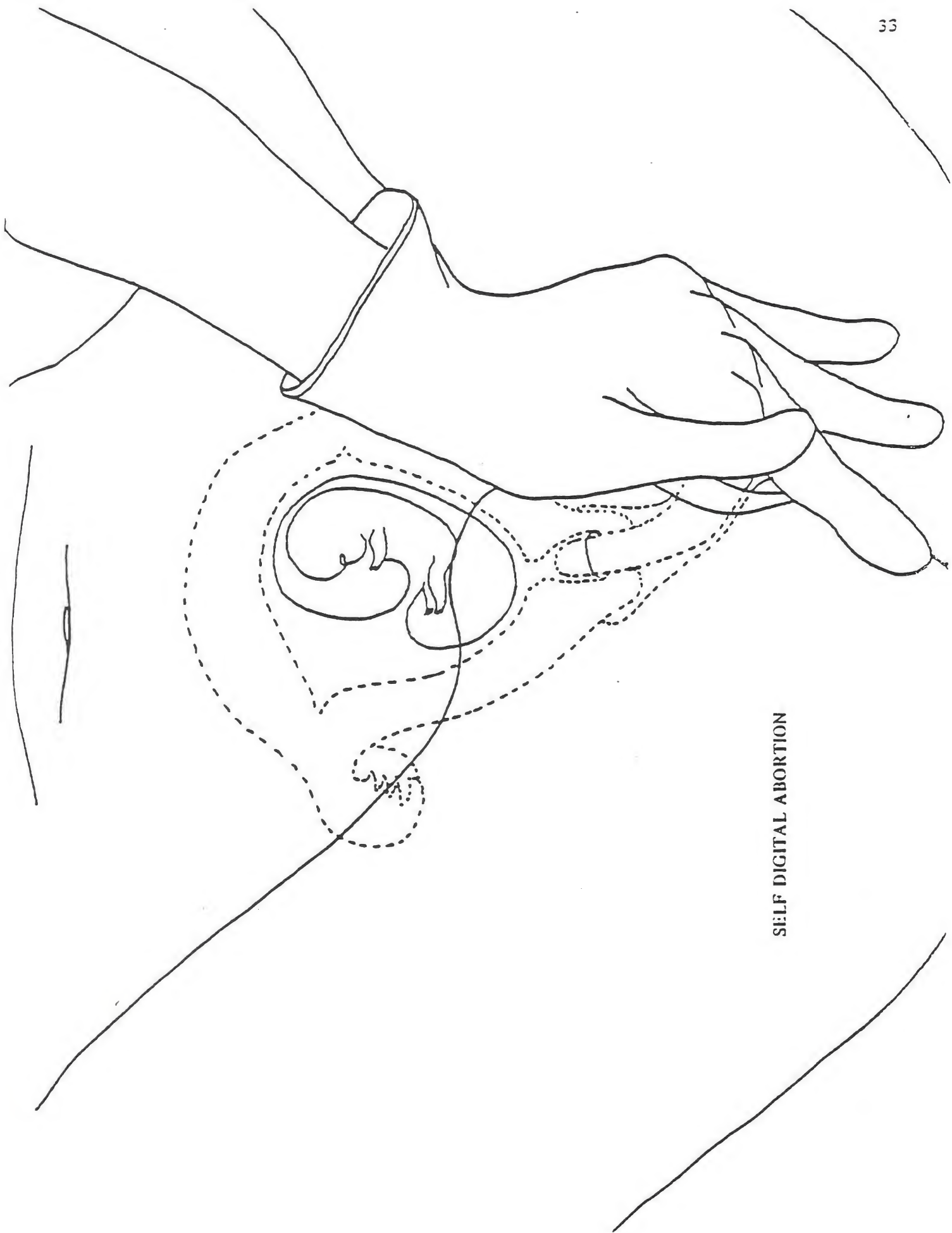
strong cramping and the passing of blood, whitish tissue and dark purple placenta material. In the later stages, beyond 12 weeks, there will be rhythmic labor-like contractions that will force the pregnancy out. The contractions may be painful. There may be a bulge protruding from the cervix after dilation. This will be the amniotic sac that will eventually break and let a clear or perhaps slightly bloody liquid run out of the vagina. Following this will come the fetus and placenta which will vary in size and development depending upon how many weeks pregnant you are. (See pictures of fetal development, page 13).

During the contractions you can be seated in a chair or in a bed with your back propped up so gravity can help the fetus come out. A bathtub could be made into a makeshift bed. Once the contractions of the uterus begin, the process could be very short or could take several hours.

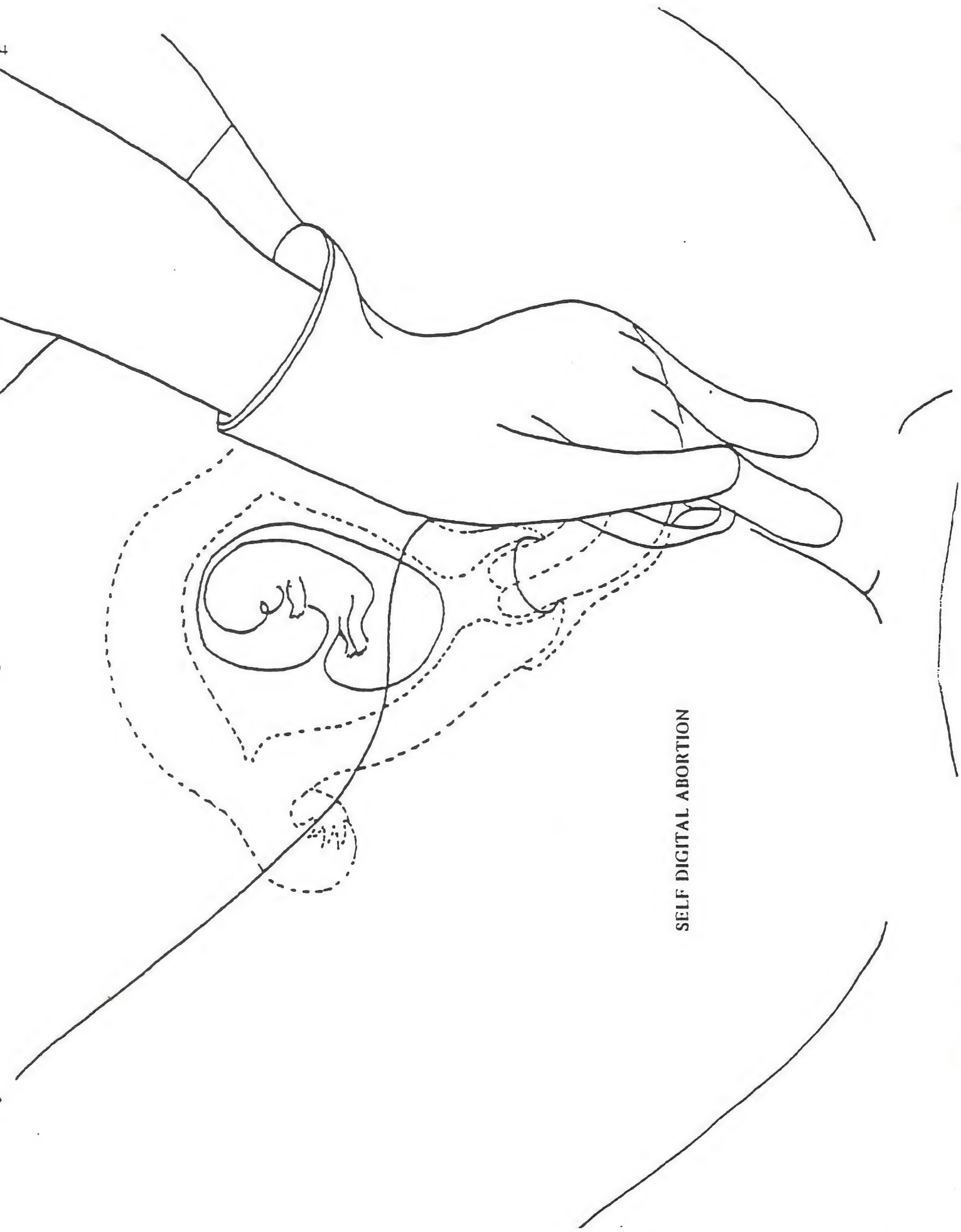
Once the pregnancy has been aborted, it is very important to massage the uterus to encourage it to contract rapidly back down to its normal size. Massage also helps contract any remaining tissue or placenta out. Any remaining tissue could cause infection or hemorrhage. Direct uterine massage is very effective in making the uterus contract and drugs like methergine or ergotrate or teas like blue and black cohosh help force the uterus to contract.



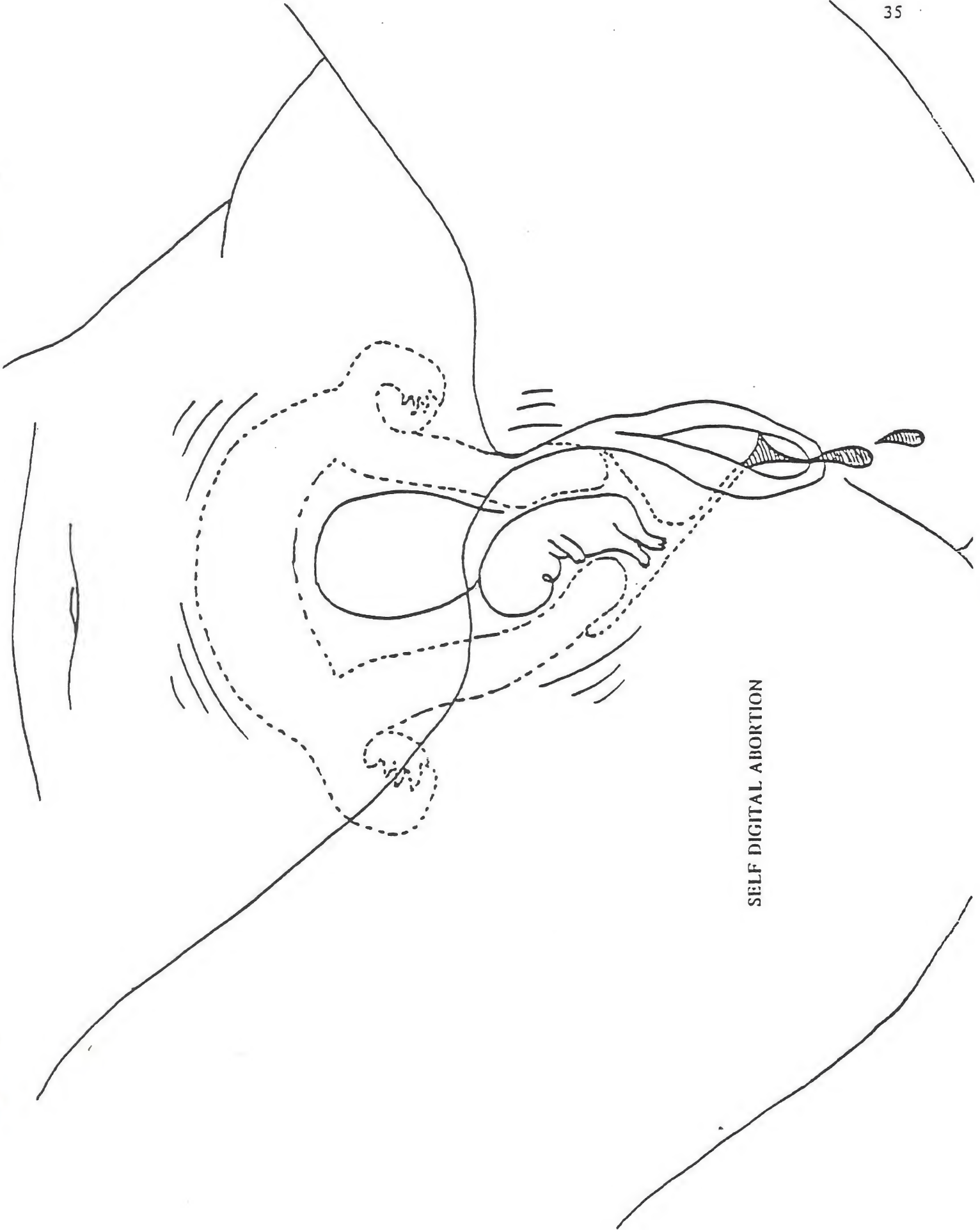
SELF DIGITAL ABORTION



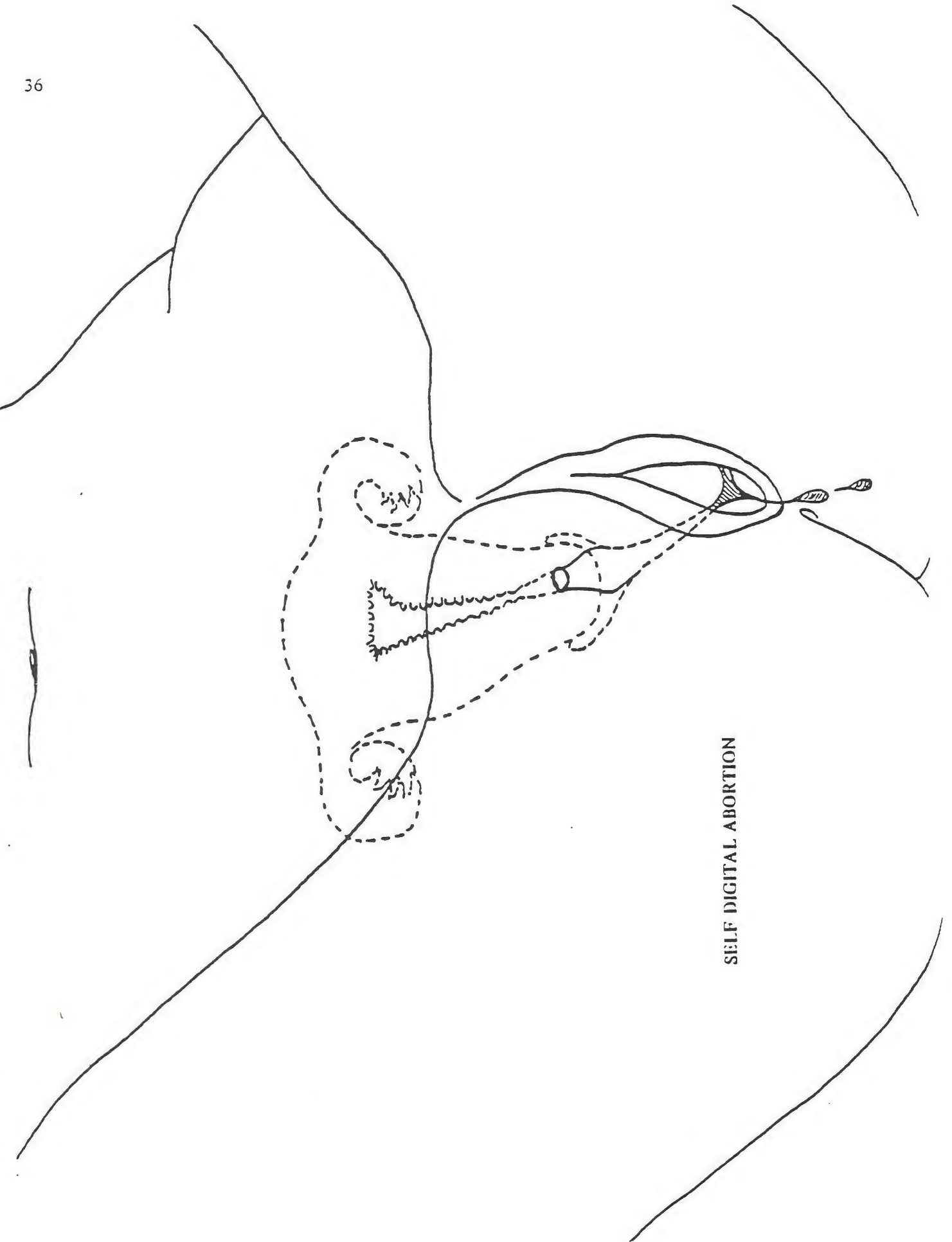
SELF DIGITAL ABORTION



SELF DIGITAL ABORTION



SELF DIGITAL ABORTION



SELF DIGITAL ABORTION

DIRECT IRRITATION ABORTION

Direct irritation abortions are simply done by inserting a *sterile* flexible Q-tip (dipped in disinfectant) into the uterus; about 1½ inches (3½ to 4 centimeters) through the cervical os into the uterus. (See Aspiration Abortion, page 21, for information on inserting instruments in-

to the uterus.) Then you wiggle the Q-tip persistently but gently. If abortion does not occur within 24 to 48 hours, try again. This encourages the cervix to dilate and induces labor. This method can be tried at any time but, of course, the earlier in the pregnancy the better.

INTRAUTERINE LAVAGE (WASH) OR SELF SALINE ABORTIONS

Lavage abortions are best done beyond 12 weeks of pregnancy. Get a soft rubber ear syringe and about 2 pints of sterile isotonic (normal) saline solution. If you can't buy the saline solution, do the following: put 2 1/8 cups of water into a pan and add 3/4 teaspoons of table salt. Boil for 15 minutes. Cool to luke warm. Do another batch and put it in the refrigerator. (Keep covered with a lid to keep it sterile). NOTE: saline solution is normal to the body and will not be poisonous to the bloodstream. Boil the syringe if possible. If not, clean it with a disinfectant.

Squat and locate your cervix with your fingers. Fill the syringe with the saline solution. Gently insert the nozzle of the syringe through the cervical os to just inside the uterus.

SQUEEZE A LITTLE SALINE OUT OF THE

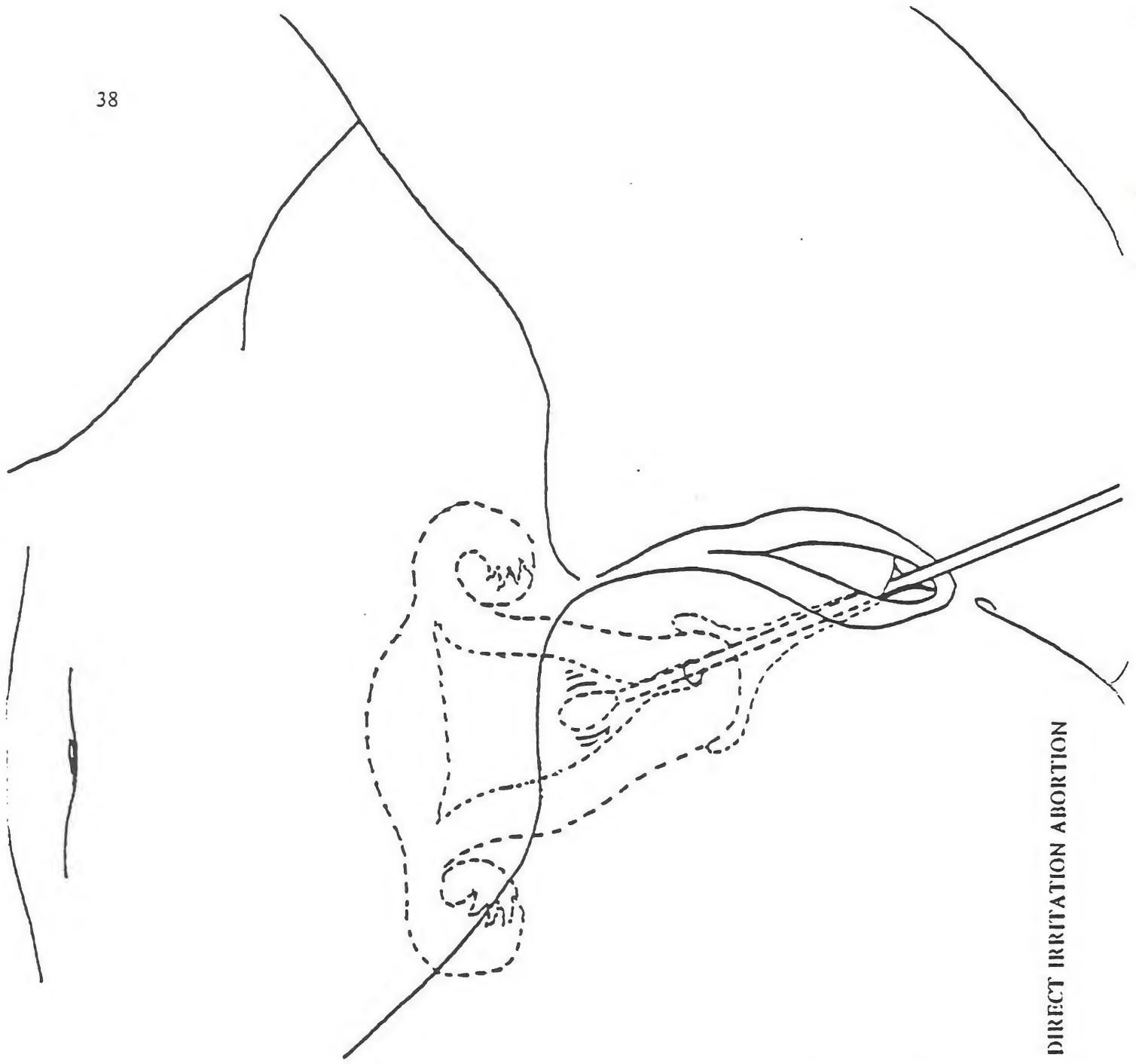
NOZZLE AS YOU GO SO THAT YOU DON'T GET AIR INTO THE UTERUS. THIS IS VERY IMPORTANT. AIR IN THE UTERUS CAN GET INTO THE BLOODSTREAM, TRAVEL TO THE HEART AND CAUSE AN AIR EMBOLISM AND DEATH. Gently flush the uterus with the saline. Do not suck anything back into the syringe. Remove the empty syringe and repeat alternating with cold and luke-warm saline solutions.

When the saline solution is gone, wait to miscarry. If you don't get any results within a week, you may have to try again. With the use of a speculum, this abortion could be done with the assistance of another person who could use the syringe. The advantage of this is being able to see exactly where the cervix and the os are.

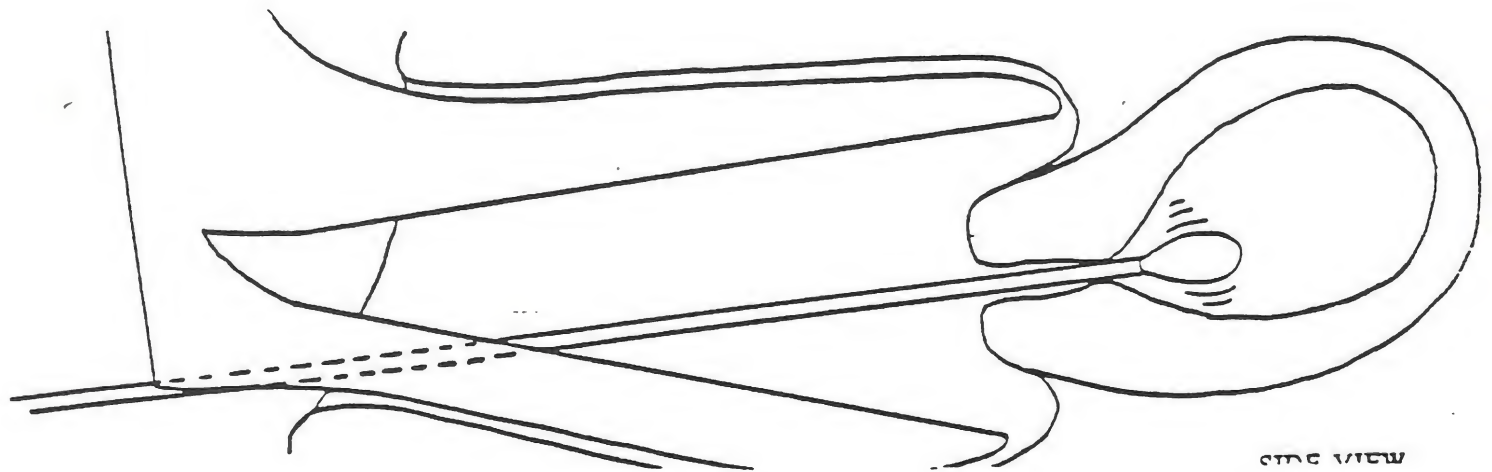
IUD REMOVAL ABORTION

Many women have induced an abortion by removing their own IUDs. (See pictures, page 39). You don't always abort completely, but you may start a miscarriage. You can either insert a speculum or squat down. In either case, grasp the strings and pull slowly and steadily. If you experience severe pain, stop. The IUD may have worked its way into your uterine wall and will have to be removed by a doctor.

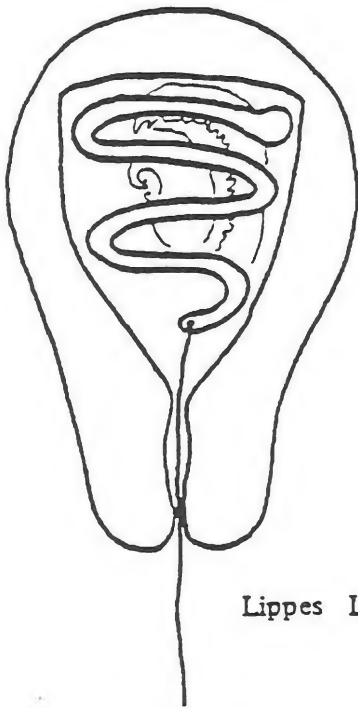
Late in pregnancy an IUD string frequently travels up inside the uterus and out of reach. Sometimes IUDs will induce a miscarriage without being removed. A number of women have died who had Dalkon Shields (a type of IUD). Later in their pregnancy, the Dalkon Shield created a severe infection in their uterus which caused them to abort, having what is called a septic abortion.



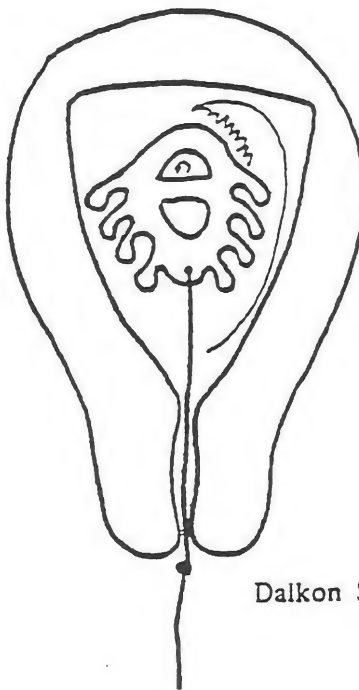
DIRECT IRRITATION ABORTION



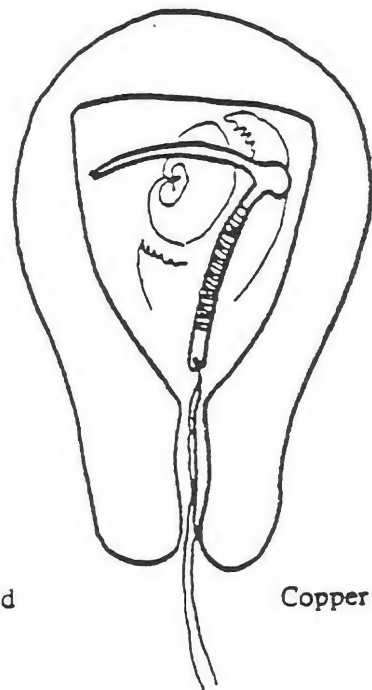
VACUUM VIEW



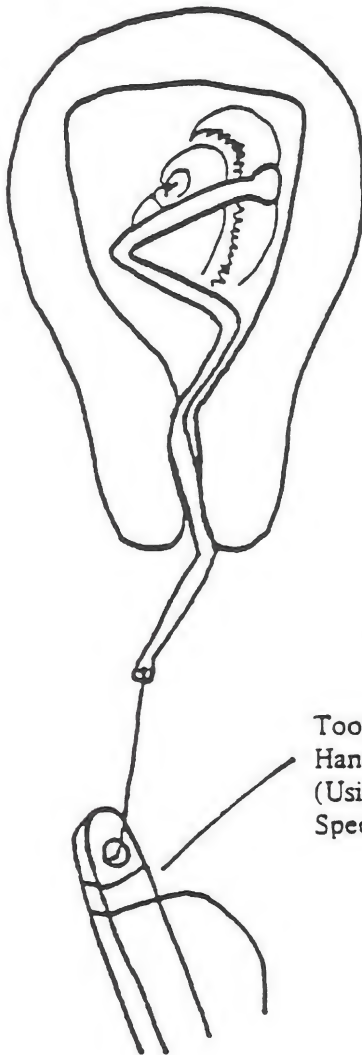
Lippes Loop



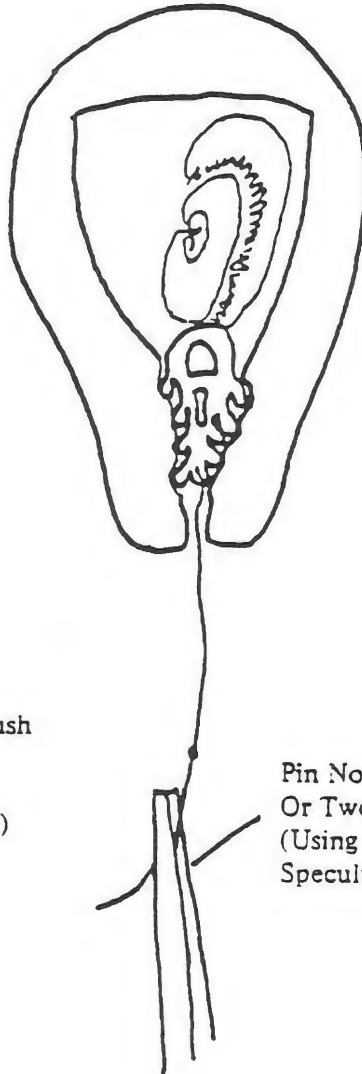
Dalkon Shield



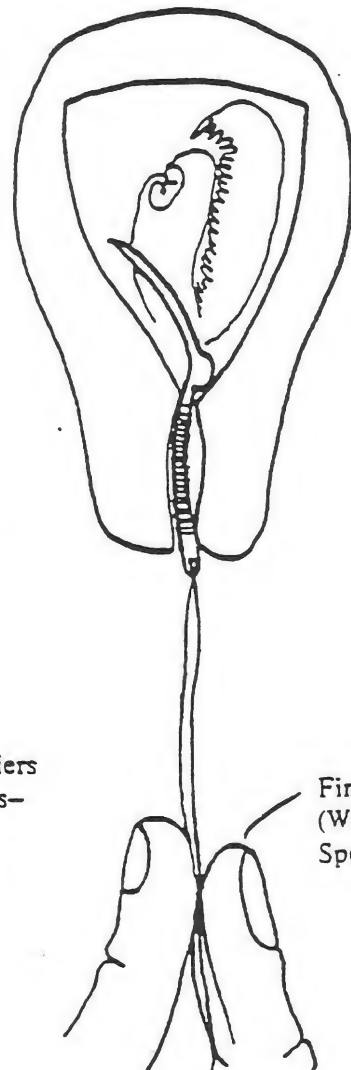
Copper 7



Tooth Brush
Handle—
(Using a
Speculum)



Pin Nose Pliers
Or Tweezers—
(Using a
Speculum)



Fingers
(Without a
Speculum)

VITAMIN C AS AN ABORTIFACIENT

Over the past few years, many women have reported their successes with using Vitamin C as an early abortifacient. These women recognized the possibility of pregnancy quite early, often before missing a period, and took massive doses of Vitamin C either before or during the time of the next expected period. Many of these women have described the bleeding which followed as somewhat different from their normal periods, including a mucus discharge. They feel this could indicate termination of an early pregnancy. The dosage taken by most of them was 6000 mg, or 6 grams, of Vitamin C per day for five days. Some women have taken it all at once, some twice a day. Others have spread the dosage throughout the day. Although the dosage and time element are somewhat arbitrary, it seems evident from women's experiences that a large quantity of the vitamin is required and that the closer it is taken to the expected period, the more likely it is to be effective.

The possibility that Vitamin C is an effective method or back-up method of birth control is also being investigated by women. One hypothesis concerning Vitamin C is that it affects the mucus which is present in the cervical canal during ovulation and which is believed to aid in the transport of sperm into the uterus. Therefore, some women use high doses of Vitamin C around the time of ovulation and in con-

junction with their diaphragms.

One possible side effect of taking large doses of Vitamin C is diarrhea. This can be avoided wholly or in part by taking it in 1000 mg tablets or capsules or pure powder form, rather than in 500 mg or 250 mg tablets. The latter contain more "filler" which can be irritating to the digestive tract. It is not clear if Vitamin C produces long-lasting or permanent effects on the body. Any excess of this vitamin is, for the most part, excreted in the urine or feces. This does make additional work for the kidneys and the bladder, but this seems to be potentially harmful only in the case of someone with a history of kidney or bladder trouble.

Although there have been theories formulated, the mechanism whereby Vitamin C affects pregnancy, conception and the common cold is as yet unknown. However, women have been experimenting on themselves with Vitamin C and are sharing their information with other women. This is a vast improvement over the male-controlled research, such as it is done with DES (the morning after pill), that uses women as uninformed experimental subjects.

Women who are taking large amounts of Vitamin C should increase their dosage. Studies have been done with people taking up to 15 grams of Vitamin C per day with no apparent complications.

HERBAL ABORTIONS

The following herbs have been used to induce abortion. Herbal teas are most effective in *very* early pregnancy. Not much is known about the exact way that each herb induces abortion—or the exact amounts, or what combinations are best. An herbal tea will be more likely to induce an abortion if you saturate your system with the tea and continue this saturation for, possibly, several days until you experience results. *Unless you are knowledgeable about the effects of these teas, it would probably be best to drink them in moderation as some can be poisonous if drunk in large quantities.* If possible, read herb books about the use and dangers of such teas. CAUTION: Little is known about the actual safety or effectiveness of the following herbal methods. Great caution should be exercised when using these methods.

The best time to start an herbal abortion is 5 days before your expected period. Teas have been made with from one to two tsp. of herbs per cup and steeped for about ½ hour. Some women have combined several herbs. For example, blue cohosh and pennyroyal are considered to be some of the strongest, most effective and safest herbs for this use. Apparently a few women have tried to make them even more effective by adding some very strong herbs, such as cotton root, rue or tansy to this combination. Another combination used by some women is blue cohosh, black cohosh and skull cap. Two to 3 cups of many of these teas have been drunk per day when used as an abortifacient, *except* when using a very strong herb alone. For example, cotton root should only be drunk in sips because it can cause *very* strong contractions. When in doubt about the safety or

effectiveness of any of these herbs, try to get more information. Health food stores often carry books about herbs. People who work in health food stores sometimes know a lot about the use, safety and effectiveness of herbs. Be careful, however, about how you ask your questions. Often these people are more than happy to share information with you, but they quite naturally may want to protect themselves, and might not answer your questions if you are too blunt.

Many of these herbal abortifacients work by contracting the uterus and thus forcing the pregnancy out. You will probably feel some cramping as a result. Some are thought to work by irritating the lining of the uterus, causing it to shed. If the abortion is successful, and it is a *very* early one, you will probably have some heavy bleeding and cramping, and pass some mucousy, pinkish, tissue fragments. Uterine massage will help contract the uterus and push the tissue out. IMPORTANT: See What to do After an Abortion, page 45. Once you have tried an herbal abortion for 2 weeks and you still haven't aborted, you should probably stop drinking the tea at once, because you may risk damage to your nervous system or suffer other side effects from prolonged use. If an herbal abortion fails, other abortion methods can be tried. Some of these herbs may cause fetal damage. Once you have missed your period by 4 weeks, an herbal abortion will probably not be nearly as effective, and another abortion method should be tried. Some of these herbs, such as pennyroyal, squawvine, angelica and skull cap, have been used to help contract the uterus during childbirth and could probably be used to help at the end of a self digital or laminaria abortion.

Angelica: The dried roots are steeped into a tea. Do not use fresh roots. They are poisonous. Probably not more than one cup at a time should be used, since too much can be potentially dangerous. Could cause an allergic reaction or irritation of some sort. Has been used as an abortifacient, a period inducer, a placenta expeller, a diuretic, to prevent infections, for respiratory problems, as a stimulant, and to help pass gas.

Birth Root: (Also called Trillium) Steep the roots as a tea. Has been used as an abortifacient. It is not known what kind of bad effects too much of this tea may cause. It is considered fairly effective.

Black Cohosh: The roots are steeped into a tea. Only 2 to 3 tbsp. 6 times a day from a concentration of 2 tsp. to 1 pint of water is enough. Too much can cause dizziness, tremors, reduced pulse, vomiting. This method works by causing contractions of the uterus. Has been used as an abortifacient, a period inducer, a tonic to strengthen the body, a sedative, a diuretic, and to ease the pain of uterine contractions.

Blue Cohosh: Steep one ounce of the roots in one pint of water. Two tsp. of this mixture are taken every 2 to 3 hours and can be diluted in hot water. Blue cohosh causes uterine contractions. It has been used as an abortifacient, a period inducer, to decrease menstrual flow, and to ease the pain of uterine contractions. Too much of this tea has been known to cause pain in the arms and legs. It is not thought to be toxic.

Celery: Take 1 tbsp. of the juice squeezed from the roots, leaves and seeds 2 or 3 times a day, preferably 1 hour before meals. Celery juice prepared in this way has been used as an abortifacient and to induce the period. The safety of this preparation is not known. Women with high blood pressure should avoid celery juice.

Cotton Root Bark: The roots are steeped into a tea. Cotton root bark causes uterine contractions. It has been used as an abortifacient, to induce labor contractions, and to ease the pain of uterine contractions. Small sips of this tea are adequate to induce uterine contractions. Caution should be taken to drink only small amounts of this tea at a time. It can cause powerful contractions.

Ergotrate: Ergotrate is a prescription drug in the United States and is given to women to induce uterine contractions, after an abortion or during labor. The common amount given following an abortion is one 0.2 mg tablet 3 times a day for 2 days. Too much can be poisonous.

Ginger: One and one half tsp. of dried, crushed root is steeped into a tea in one cup of water. Ginger has been used as an abortifacient, a period inducer, and to ease the pain of uterine contractions. It is not known what kind of side effects too much of this tea may cause.

Ginseng: The root is steeped into a tea in one cup of water. This substance has been used to ease the pain of uterine contractions. It is not believed to have any side effects. It is a stimulant.

Golden Ragwort: The whole plant is used, probably prepared as a tea. It has been used as a substitute for ergotrate and therefore its action is to induce uterine contractions. Golden ragwort has also been used as an abortifacient. The side effects of too much of this tea are not known.

Golden Seal: The roots are steeped into a tea. Apparently large amounts of this tea can be taken without causing harm. This tea has been used as an abortifacient, an antiseptic, and a tonic to strengthen the body. Golden seal is also good for mucous membranes.

Hemlock Spruce: The bark or twigs are steeped into a tea. It has been used as an abortifacient. It is not known what kind of side effects could be caused by drinking too much of this tea.

Horseradish: Soak fresh, grated horseradish root in vinegar for 10 days. One tsp. diluted in water, can be taken 2 to 3 times a day. This herb has been used as an abortifacient. Take only small amounts. Too much can cause diarrhea and sweating and you should probably stop using it if this happens.

Juniper Berries: (Also called Savin or Red Cedar) The berries are steeped into a tea. This tea has been used as an abortifacient, a period inducer, and a tonic to strengthen the body after childbirth. It is not known if too much of this tea causes undesirable side effects.

Laetrile: (also called vitamin B₁₇) Apricot kernels contain laetrile. It is used, illegally in the United States, as an herbal treatment for cancer. It has been known to cause abortion and fetal deformities. The amount necessary to abort is unknown. Laetrile is a natural source of cyanide and too much can be toxic. Some people who take laetrile for cancer treatment take up to 18 kernels per day for a short time.

Mistletoe: Two ounces of the leaves and stems are steeped in ½ pint of boiled water for 15 minutes. This mixture is taken in tablespoon doses for hypertension, arteriosclerosis and whooping cough. It is not known how much to take for use as an abortifacient. Three to 4 berries taken crushed with honey per day have been used as a substitute for the leaves. Caution should be used when taking the berries. Too many can cause convulsions. Mistletoe has been used as an abortifacient, and as a period inducer. American mistletoe raises blood pressure and European mistletoe decreases it.

Motherwort: Steep leaves into a tea. Motherwort has been used as an abortifacient, period

inducer, to ease the pain of uterine contractions and as a tonic to strengthen the body. It is not known if too much of this tea causes side effects.

Mugwort: Steep roots into a tea. Mugwort has been used as an abortifacient, period inducer, and to ease the pain of uterine contractions. Too much of this herb can be toxic and could cause violent uterine contractions. Probably not more than 2 cups a day should be taken. Also, too much mugwort can cause sweating.

Myrrh: It is best to take myrrh in capsule form because it is bitter. This herb has been used as an abortifacient and period inducer, as a tonic to strengthen the body, and as an antiseptic. It is not known if too much of this herb can cause harmful effects.

Parsley: Steep 1 tbsp. in one cup of water for about 20 minutes. This has been used as a period inducer. Some women have put a bunch of fresh parsley into their vaginas, changed every 6 hours for 3 days, as an abortifacient. Preferably, this should be done before you actually miss your period. It is not known exactly how the parsley induces abortion, or what kind of undesirable side effects too much of this herb can cause.

Pennyroyal: The whole plant is steeped into a tea. It is suggested that drinking it with brewers yeast makes it more effective. Three cups a day can be taken. However, very large quantities can be toxic. It has been used as an abortifacient, a period inducer, to induce labor contractions, to expel the placenta after birth and to work by making the uterus contract.

CAUTION: Pennyroyal oil can cause death.

Peruvian Bark: Steep the bark into a tea. Take no more than 2 cups per day or it can be potentially dangerous, and probably toxic. It has been used as an abortifacient and works by making the uterus contract.

Rue: The whole plant is steeped into a tea. It has been used as an abortifacient and to ease the pain of uterine contractions. Too much rue can cause nausea, vomiting, and poisoning, although it rarely causes death. It works by causing uterine contractions. One-half cup per day is suggested as a period inducer.

Shepherd's Purse: Steep the plant into a tea. It is suggested that 1 cup be taken per day. This substance has been used as an abortifacient. Do not take this if you have high blood pressure, because it is also a vasoconstrictor.

Slippery Elm: This herb is probably used by steeping the bark into a tea and letting it cool to room temperature, then douching with it. Exactly how this works as an abortifacient is not known. Also, undesirable effects are unknown. Slippery elm bark has been used like laminaria to dilate the cervix to induce an abortion. (See Laminaria Abortion, page 28). Probably great caution would have to be exercised to prevent uterine infection from non-sterile slippery elm bark. The author does not know how one would sterilize slippery elm bark.

Southernwood: Probably steeped as a tea. It has been used as an abortifacient, and as a period inducer. It is also an antiseptic and a stimulant. It is not known how much to take, but too much can be poisonous.

Tansy: Steep the plant into a tea. This brew has been used as an abortifacient, a period inducer, to ease uterine cramps, and as a narcotic. Great caution should be taken not to take too much because it can potentially be dangerous and even fatal. Oil of tansy has also been taken by women to try to abort. Apparently use of this oil often results in violent contractions all over the body and death. **DO NOT TAKE OIL OF TANSY.** Use tansy only as an herb tea preferably diluted in combination with other abortifacient herbs. It works by causing uterine contractions.

Valerian: The roots are steeped into a tea. It has been used as an abortifacient and as a period inducer. It is also a sedative. (Valium is made from valerian.) It is not known if too much of this tea can cause bad effects.

Yarrow: The plant is steeped into a tea. This has been used as an abortifacient, a period inducer, and to decrease the menstrual flow. It is also a stimulant. Yarrow is not believed to be toxic and is specifically believed to affect the pelvic blood flow.

The following herbs have been used as abortifacients. The amount to take, how they work, and the possible undesirable effects are not entirely known by the author.

Aloes	Lungwort
Balm	Male Fern (too much can be poisonous)
Basil	Marigold
Birthworth	Marjoram
Blessed Thistle	Masterwort
Bracken Fern	Nettle
Brooklime	Peruvian Bark
Bugloss	Pleurisy Root
Camomile	Potassium Permanganate
Caraway	Pulsatilla
Carrot (seeds and root)	Rosemary
Catnip	Sage
Centaury	Saffron
Comfrey	Sassafras Oil
Elecampane	Savory
Fennel	Smart Weed
Feverfew	Squawvine
Garlic	Thuja
Gentian Root	Thyme
Ground Pine	True and False Unicorn
Horehound	Vervian
Lavender	Watercress
Lovage	

The following herbs have been used as abortifacients, but **IF TOO MUCH IS TAKEN, THERE CAN BE SEVERE SIDE EFFECTS:**

Common Groundsel
Hedge Hyssop
Pennyroyal Oil
Pleurisy Root
Ragwort
Rue Oil
St. John's Wort

OVERDOSES OF PENNYROYAL AND TANSY OIL HAVE BEEN KNOWN TO CAUSE DEATH.

WHAT TO DO AFTER AN ABORTION

1. *Make sure the abortion is complete.* Check the tissue removed to determine as best you can that all was removed. Beyond 12 weeks, look for a placenta attached to the fetus. This will look like a flat, thick, meaty piece of tissue attached to the umbilical cord of the fetus. If this is missing, you may pass it later separately. It should be expelled by 24 to 48 hours after the abortion or it can cause a uterine infection.

2. *Contract the uterus back to its normal size.* The uterus will usually do this on its own. However, this is very important, because it helps to expel any remaining tissue. It also helps stop bleeding and closes the os to prevent germs from getting up into the uterus. One of the best ways to help the uterus contract is direct uterine massage. Taking drugs like methergine or ergotrate, one every 6 hours for a couple of days will contract the uterus. Angelica, cotton root bark and pennyroyal will also help do this. Make sure the uterus is small as a plum and hard. If not, have a pelvic examination one week after the abortion to make sure it was complete; possibly you will have to do the abortion again.

3. *Avoid strenuous exercise if possible for a few days.* Strenuous exercise can make you bleed heavier which could make you weak and anemic.

4. *Avoid putting anything in the vagina for 2 to 3 weeks.* This includes water from sitting in a bath tub (shower or sponge bath instead); intercourse; tampons (use napkins instead); swimming, etc. Any of these things could get bacteria into your vagina which can enter

the uterus after an abortion, because the os is more open. Wait until the os is closed.

5. *Antibiotics can be taken to prevent infection.* This is not always necessary, but it is better to prevent an infection than to have to treat one after you have got it. Antibiotics in the U.S. used to treat infections are: penicillin, ampicillin, tetracycline and erythromycin. They are usually taken about 4 times a day for several days. Antibiotics can cause gas and temporary digestion problems as well as vaginal yeast or "candida" conditions. Sulfa drugs are also given to treat infections. NOTE: Antibiotics are available in the U.S. by prescription only.

6. *Your next normal period may come in 3 to 8 weeks, or even 10 weeks.* If it has not come by that time, see a doctor, nurse or midwife. Tell them you think you miscarried (around the time of your abortion) and they can do a pelvic examination to see if you are still pregnant. However, by this time, an incomplete abortion could make you very sick.

7. *Check your temperature to see if you have a fever.* If it is higher than 100.5 F, it can mean an infection.

8. *It is OK to bleed up to 3 weeks after an abortion.* Some women bleed very little. Bleeding can start and stop and this is OK as long as it is not extremely heavy bleeding. (See Complications Information, page 46). If you feel tired or weak from bleeding, you can take iron pills to prevent anemia.

POSSIBLE COMPLICATIONS ARISING FROM AN ABORTION

LISTED ACCORDING TO SYMPTOMS

HEAVY BLEEDING: Can be evaluated by the number of napkins or pads a woman uses within one hour. Usually heavy bleeding is defined as a woman bleeding *through* 1 or more pads in an hour. Sometimes a woman can have heavy bleeding up to 4 or 5 weeks after an abortion. This heavy bleeding is characterized by bleeding through a napkin or pad and the woman's clothing in one "spurt." Sometimes this heavy bleeding occurs for a very few minutes and then stops. It may be a good idea to see a physician. Some kinds of heavy bleeding are called hemorrhaging. Hemorrhaging occurs when the uterine muscles are not contracting and squeezing shut blood vessels inside the uterus. Sometimes heavy bleeding comes from fluid in the uterus that mixes with the normal after abortion blood. This can make a woman's bleeding very heavy. Most women who have heavy bleeding after an abortion and the abortion was complete, can make the bleeding subside by making the uterus contract. This can be done by directly massaging the abdomen over the uterus and by taking methergine or ergotrate or teas (see page 41) that force the uterus to contract. Heavy bleeding can be caused by:

Incomplete Abortion: Even the slightest amount of tissue left in the uterus can cause a woman to have symptoms of an incomplete abortion. Other symptoms that can accompany heavy bleeding and that are due to incomplete abortion are a rise in body temper-

ature (must be over 100 F to be termed a fever) or extreme-uterine cramping or back ache. Of course, another sure sign of incomplete abortion is the passing of tissue. This should be differentiated from blood clots. Blood clots are usually oval shaped and can be as large as a fist and are red or dark blood red in color. Tissue can be stringy, whitish in color or can have cartilage-like tissue with it. Tissue is usually irregular in shape. If a woman is bleeding very heavily and is experiencing a great deal of pain with cramping, drugs such as pain killers do not always help the pain. It is important to find a physician or a midwife to complete the abortion and get the necessary drugs. Or a woman may want to try to complete the abortion herself by repeating the same abortion method or try antibiotics to help prevent infection and another method. She should also try to get ergotrate to help the uterus cramp down.

BLOOD CLOTTING: Oftentimes blood clotting can be normal following an abortion as long as there is no extreme, continuous cramping with very heavy and continuous bleeding, or no rise in temperature over 100 F. Blood clotting can be caused by:

The uterus not contracting to its pre-pregnant size immediately following the abortion. Direct uterine massage and ergotrate or

teas (see page 41) can be used to help the uterus contract and push the clots out.

EXTREME UTERINE PAIN OR CRAMPING:

Can be described as a dull ache in the abdomen or legs or in either side of the abdomen, back ache or severe cramping. The cramping would be described as heavier than heavy menstrual cramps. Sometimes a woman can be literally doubled over in pain. Extreme pain after an abortion is not normal. This can be caused by:

Incomplete Abortion: Is usually accompanied by symptoms like a rise in temperature over 100.5 F, extremely heavy bleeding or passing tissue. An incomplete abortion can be the cause of extreme uterine or abdominal pain.

Infection: Usually an increased temperature of 100.5 F or more indicates an infection, but not always. If the woman thinks that she has a uterine infection, she should have a friend, physician or midwife do a pelvic examination. If she does have a uterine infection, she will feel pain in her uterus. If she has a uterine infection, she should take antibiotics or sulfa drugs.

Ectopic Pregnancy: If no tissue was removed during the abortion, it is possible the pregnancy is in the tubes, that the pregnancy was simply missed in the uterus or in extremely rare conditions, there is a false pregnancy. Ectopics can grow anywhere outside the uterus, but most often are found in the egg tubes where they can grow up to 12

weeks before bursting. When this happens, internal bleeding occurs, which will result in death. Ectopic pregnancies can burst before 12 weeks also. The symptoms of an ectopic pregnancy are cramping or pain in the abdomen that *persists* until it becomes very painful at which time the egg tube has probably burst and caused hemorrhaging. It is extremely important that a woman see a doctor immediately when she suspects an ectopic pregnancy. The only way to remove an ectopic pregnancy is with surgery. Women who have had infections or diseases in their uteruses, tubes or ovaries are much more likely to have ectopic pregnancies. For example, if a woman had gonorrhea for a long time, to the point where it caused her pain, she may have scar tissue in her egg tubes, which would prevent a fertilized egg from traveling down into the uterus.

Perforation of the Uterus: Any time an object is put into the uterus, a woman runs the risk of poking a hole through the wall of her uterus. This is called a perforation. The symptoms of a perforation are: a very sharp, stabbing pain when the uterus is perforated, sharp pain when you cough, feeling faint and having a drastic change in blood pressure or pulse. If you think that you have a perforation, the following things can be done.

If possible, go to a doctor immediately, inform them of the perforation and have the abortion completed. If you don't have access to a doctor:

If the abortion is complete: Make sure that the uterus is contracting very hard down to normal, pre-pregnant size. This will help heal the perforation. A small perforation will usually heal itself. If it is a large perforation, surgery may be required to repair it.

If the abortion is not complete: The abortion **MUST** be completed immediately! If not, hemorrhaging and death could result. If possible, seek out a doctor, a nurse, or a midwife immediately. Fortunately, the abortion methods described here do not require any stiff or sharp objects to be inserted into the uterus, thus lowering the risk of uterine perforation.

PASSING TISSUE: Tissue can look stringy, cartilage-like or white and must be differentiated from blood clots. Passing tissue is caused by an incomplete abortion.

If any tissue is left in the uterus, the woman will probably get an infection and continue to bleed or hemorrhage. If some tissue is passed and then the bleeding stops, with no signs of infection, then she has probably passed all the remaining tissue. If all the tissue doesn't come out, a woman can get an infection in her uterus. The abortion must be completed. It is best to find a physician, nurse or a midwife to complete the abortion and take antibiotics or sulfa drugs to treat the infection. Many women have gotten physicians to finish their self-induced abortions by telling them that they are having a miscarriage. There is no way for *anybody* to

know that you have self-aborted unless you tell them.

COMPLETE LACK OF BLEEDING: Can be normal, but is extremely rare and could be due to:

Incomplete Abortion: Usually a completely missed abortion in which case there would be no tissue found in the jar. Signs of pregnancy that linger should be watched for carefully to help determine whether the abortion should be done again.

CONTINUED SIGNS OF PREGNANCY: This could be continued weight gain, nausea, swollen breasts, or other early signs of pregnancy which continue several days after the abortion. This could be due to:

Incomplete Abortion: A pelvic examination should be done to help determine if the abortion was incomplete. A urine pregnancy test can also be done. A pregnancy test should not be done until about 5 days after the abortion because it can show positive before that time even if the abortion was complete.

Methergine: A drug used to contract the uterus down to its pre-pregnant size following an abortion, which can prolong signs of pregnancy even if the abortion was complete. Other drugs to contract the uterus may result in the same thing, but may not.

REMEMBER . . .

NO abortion is 100% safe or effective no matter *who* does it, or *how* it is done.

HOWEVER: MANY SELF ABORTIONS HAVE BEEN PRACTICED SAFELY AND EFFECTIVELY!

ESPECIALLY IF:

1. Non-traumatic abortion methods and materials are used.
2. All materials used are kept as sterile as possible.
3. The abortion is done as early in the pregnancy as possible.
4. We have direct knowledge of our bodies through self-examination.
5. We used all possible resources.
6. We use common sense.

SPECULUM ORDER FORM

Please send me _____ speculums at \$2.00 each. Enclosed please find \$_____. Please send to:

NAME

ADDRESS

Send all requests to: 1043 University Ave., #169, San Diego, CA 92103.

SUGGESTED READING LIST

The Abortion Handbook, by Lana Clarke Phelan and Patricia Maginnis, Contact Books, 6340 Coldwater Canyon, North Hollywood, California, 1969 (out of print).

American Medicinal Plants, by Charles F. Millsbaugh, Dover Publications, Inc., New York, 1974.

Gray's Anatomy, by Henry Gray, 29th American Edition, edited by P. Pickering, Running Press, Philadelphia, 1974.

Herbal Abortion, by Alex Sandra Lett, P.O. Box 430, Yellow Springs, Ohio 45387, 1977.

Indian Herbology of North America, by Alma R. Hutchens, Merco, 620 Wyandotta East, Windsor 14, Ontario, Canada.

"The Majority Report Guide to Abortifacient Herbs," by Virginia Cava-Rizzuto, *Majority Report*, August 6-9, 1977, pages 7-9.

Maternity Nursing, 12th Edition, edited by Elise Fitzpatrick, Sharon Reeder, Luigi Mastroianni, J.B. Lippincott Co., Philadelphia, 1971.

"Menstrual Extraction" by Lorraine Rothman and Laura Punnett, *Quest: A Feminist Quarterly*, Vol. IV, No. 3, Summer, 1978.

The Proceedings of the Menstrual Extraction Conference, by the Oakland Feminist Women's Health Center, 2930 McClure, Oakland, California 94609, 1974.

Self-Help Home Remedies, by Chris Nelson, Chico Feminist Women's Health Center, 330 Flume Street, P.O. Box 3467, Chico, California 95926.